

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90170 009 ****61.25

DOCUMENT # N00000000071

1. Entity Name

CHABAD OF THE PANHANDLE, INC.

Principal Place of Business

Mailing Address

**2093 GREENWOOD DRIVE
 TALLAHASSEE FL 32303**

**2093 GREENWOOD DRIVE
 TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0470446 ⁶⁵⁻ **0970446**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OIRECHMAN, RABBI S
 2093 GREENWOOD DRIVE
 TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

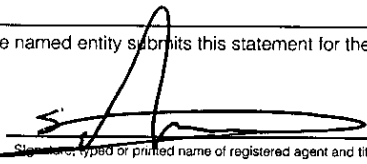
City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE



Rabbi Shneur Oirechman, Director 4/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OIRECHMAN, RABBI S	
STREET ADDRESS	2073 GREENWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OIRECHMAN, CHANA	
STREET ADDRESS	2093 GREENWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BISTON, RABBI J	
STREET ADDRESS	1500 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SALVER, ISAAC	
STREET ADDRESS	111 KANE CONCOURSE # 211	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rabbi Shneur Oirechman, 4/12/02 (850) 523-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)