

9/13/01-90003-021-\$61.25-\$61.25

FILED

9/16

01 OCT 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

978270



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008529

1. Entry Name

CHABAD LIBRARY OF TAMPA INCORPORATED

Principal Place of Business
14028 PENNINGTON RD.
TAMPA FL 33624

Mailing Address
14028 PENNINGTON RD.
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DUBROWSKI, YOSSIE
4717 GRAMARY AVE.
TAMPA FL 33624

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

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

NOTE: Registered Agent signature required when re-registering.

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	PO	☐ Delete
NAME	DUBROWSKI, YOSSIE	
STREET ADDRESS	4717 GRAMARY AVE.	
CITY-STATE-ZIP	TAMPA FL 33624	
TITLE	SD	☐ Delete
NAME	DUBROWSKI, SULHA	
STREET ADDRESS	4717 GRAMARY AVE.	
CITY-STATE-ZIP	TAMPA FL 33624	
TITLE	TD	☐ Delete
NAME	CAPLAND, YOSEF	
STREET ADDRESS	15543 TIMBERLINE DR.	
CITY-STATE-ZIP	TAMPA FL 33624	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicates on the 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: SIGNATURE REQUIRED

Date

Signature Printed Name

9/10/01