


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90275 001 ***122.50

DOCUMENT # N01000005258	
1. Entity Name CHABAD LUBAVITCH OF NORTH MIAMI, INC.	

Principal Place of Business 1948 NE 123 STREET SUITE 105 NORTH MIAMI, FL 33181	Mailing Address 1948 NE 123 STREET SUITE 105 NORTH MIAMI, FL 33181
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66005433



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1124450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIPSZYC, RABBI A 11650 NE 21 DR N. MIAMI, FL 33181
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPSZYC, RABBI A 11650 NE 21 DR N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIPSZYC, RIVKA 11650 NE 21 DR N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPALTER, RABBI Y 770 BOWMAN DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Handwritten Signature: A. Richman Lipszyk, PD]

Date 3/15/07 **Daytime Phone #** 305-892-1234