

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N04724**

1. Entity Name

**CONGREGATION LEVI YITZCHOK-LUBAVITCH, INC.**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90085 006 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O ROBERT SALZ 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	C/O ROBERT SALZ 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009-4640



DO NOT WRITE IN THIS SPACE

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 <b>59-2796353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TENNENHAUS, RAPHAEL</b> <b>1295 EAST HALLANDALE BEACH BOULEVARD</b> <b>HALLANDALE FL 33009</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, MOSHE</b>	NAME	
STREET ADDRESS	<b>1110 N.E. 2ND STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TENNENHAUS, RAPHAEL</b>	NAME	
STREET ADDRESS	<b>813 DIPLOMATE PARKWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELIG, ZALMAN</b>	NAME	
STREET ADDRESS	<b>4501 N JEFFERSON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYN, DAVID</b>	NAME	
STREET ADDRESS	<b>731 170TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE OF MOSHE SCHWARTZ, SEC. 4/28/2000 954-458-1877  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)