

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90001 031 ****61.25

DOCUMENT # N04724

1. Entity Name
CONGREGATION LEVI YITZCHOK-LUBAVITCH, INC.

Principal Place of Business C/O ROBERT SALZ 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	Mailing Address C/O ROBERT SALZ 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009
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DU0407V1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1295 E Hall Beach Blvd Suite, Apt. #, etc.	3. Mailing Address 1295 E Hall Beach Blvd Suite, Apt. #, etc.
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City & State Hallandale Beach FL	City & State Hallandale Beach FL	4. FEI Number 59-2796353	Applied For <input type="checkbox"/> Not Applicable
Zip 33009	Country Broward	Zip 33009	Country Broward

6. Name and Address of Current Registered Agent TENNENHAUS, RAPHAEL 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, MOSHE 1110 N.E. 2ND STREET HALLANDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENNENHAUS, RAPHAEL 813 DIPLOMATE PARKWAY HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELJIG, ZALMAN 4501 N JEFFERSON AVE MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYN, DAVID 731 170TH ST N MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MOSHE SCHWARTZ, SEC Date: Feb 27, 02 Daytime Phone #: 954-581-877

CR2E037 (9/01)