

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90150 007 ****61.25

001/080

DOCUMENT # N04724

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



Principal Place of Business
**1295 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009**

Mailing Address
**1295 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33009**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2796353		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TENNENHAUS, RAPHAEL 1295 EAST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009				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. I am familiar with, and accept the obligations of registered agent.

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

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 Florida 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	D Joseph Biston 1500 STATE RD 7 Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENNENHAUS, RAPHAEL 813 DIPLOMATE PARKWAY HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLIG, ZALMAN 4501 N JEFFERSON AVE MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYN DAVID 791 170TH ST N MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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 RECOVERED Moshe Schwartz My 103 954 458 1877

CR2E037 (10/02)