

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90001 021 ****61.25

DOCUMENT # N13360

1. Entity Name

CHABAD OF SOUTH BROWARD, INC.

Principal Place of Business

Mailing Address

**1295 E. HALLANDALE BLVD.
 HALLANDALE FL 33009**

**1295 E. HALLANDALE BLVD.
 HALLANDALE FL 33009**

2. Principal Place of Business

1295 E. Hallendale Blvd

3. Mailing Address

1295 E. Hallendale Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH FL

4. FEI Number

59-2496454

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

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

**TENNENHAUS, RAPHAEL
 1295 E. HALLANDALE BEACH BLVD.
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P TENNENHAUS, RAPHAEL**
 STREET ADDRESS **1295 E HALLANDALE BCH**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S SCHWARTZ, MOSHE**
 STREET ADDRESS **1108 NE 5TH ST.**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BISTON, JOSEPH**
 STREET ADDRESS **1335 LENOX AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRYN, DAVID**
 STREET ADDRESS **731 170TH ST.**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KUDAN, DOVID**
 STREET ADDRESS **1001 3 ISLAND BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Moshe Schwartz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 21 2002 931 458 1877

CR2E037 (9/01)

80040781



DO NOT WRITE IN THIS SPACE