

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90180 004 ****61.25

DOCUMENT # N31168

1. Entity Name

CHABAD OF SOUTH DADE, INC.

Principal Place of Business

Mailing Address

**3713 MAIN HIGHWAY
 COCONUT GROVE FL 33133**

**3713 MAIN HIGHWAY
 COCONUT GROVE FL 33133-5907**

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

65-0132853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELIG, YAKOV
 3291 FRANKLIN AVE
 COCONUT GROVE FL 33133**

Name **AZ Registered Agent Corporation**
 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Dr.
 Suite 1600
 City **miami** FL Zip Code **33133**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
DP	FELIG, YAKOV 4005 EL PRADO BLVD. COCONUT GROVE FL 33133		
DS	FELIG, GUTAL 4005 EL PRADO BLVD. COCONUT GROVE FL 33133		
DV	SIMON, EPHRAIM 2917 WHITEHEAD ST MIAMI FL 33133		

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:

Yakov Felig, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)