Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N42067

CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH COUNTIES, INC.

| Principal Place of Busin |
|--------------------------|
| 1500 N. STATE RD |
| MARAGATE FL 33063 |
| US |

21

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1500 N STATE RD 7 MARGATE FL 33063

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90106 048 ****61.25

| | • | |
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3. Date incorporated or Qualifed 02/13/1991

4. FEI Number

65-0200283

| NAME BRONSTEIN, JOSEPH 22 NAME STREET ADDRESS 2163 N. BAY RD 23 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 2.4 CITY-ST-ZIP | 22 | • | | | 65-0200283 | | No | t Applicable | |
|--|----------------|---------------------------------------|-----------------------------------|---------------------|--------------------|---------------------------------------|---------------------|--|---------------|
| 28 | City & Str | | | 5 Contiferts of Sto | tus Dissired | \$8.75 | Additional | | |
| Zip Country Zip Country | | | | | | 3. Certificate of Sta | ms pesited [] | Fee Re | quired |
| 24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | Country | | 6. Election Campai | ign Financing | \$5.00 | May Be | | |
| BISTON; JOSEPH 1335 LENOX AVENUE MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and title if applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11. TITLE DP DELETE 12. NAME STREET ADDRESS TM-ST-ZPP MARGATE FL 14. CITY-ST-ZIP DELETE 21. TITLE DP DELETE 21. TITLE 22. NAME SRONSTEIN, JOSEPH STREET ADDRESS 2163 N. BAY RD 23. STREET ADDRESS CITY-ST-ZPP MIAMI BEACH FL 24. CITY-ST-ZIP | 24 | 30 | | 1 | * 11 | | | | |
| BISTON, JOSEPH 1335 LENOX AVENUE MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City Code 83 City Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City Code 88 City 88 City 89 City Code 89 City City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City City 83 City Code 84 City FL 85 Zip Code 85 Zip Code 86 City 86 City 86 City 87 City City 88 Zip Code 88 City City 88 City 88 City | | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Add | ress of New Registe | red Agent | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for, the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP NAME BISTON, JOSEPH 12. NAME STREET ADDRESS CITY-ST-ZIP MARGATE FL DVP DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 1.4 CITY-ST-ZIP Change Additional BEACH FL 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 2.4 CITY-ST-ZIP | | | | 81 | Name | 1 | | | |
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| MIAMI BEACH FL 33139 84 City FL 85 Zip Code 11Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP NAME BISTON, JOSEPH 12. NAME STREET ADDRESS CITY-ST-ZIP MARGATE FL DVP DELETE 14. CITY-ST-ZIP MARGATE FL 14. CITY-ST-ZIP MARGATE FL 15. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 23. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 24. CITY-ST-ZIP MIAMI BEACH FL 23. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 24. CITY-ST-ZIP MIAMI BEACH FL 25. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 24. CITY-ST-ZIP | 37 5 7 4 4 7 4 | 3 | | 02 | Sueet Addre | iss (P.O. box Number | is Not Acceptable) | | |
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| SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | office or | registered agent, or both, in the Sta | ite of Florida. Such change was ε | uthorized by th | ne corporation | n's board of directors. | hereby accept the a | ppointment as rec | jistered (|
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP Change Addition Addition BISTON, JOSEPH STREET ADDRESS CITY-ST-ZIP MARGATE FL 1.1 TITLE DVP DELETE 1.3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 1.4 CITY-ST-ZIP DVP DELETE 2.1 TITLE DVP Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Chang | ু agent. I | am familiar with, and accept the obli | gations of, Section 617.0503, Flo | rida Statutes. | | | * * * * * * | ជានាមនេះ បានដាក់ រ៉ាន់ | 5- Fight (80) |
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| VIII. SALES | SINCE ADURES | P 3/2 13 | | | | | • | - | . |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 | | | | ■ 0.4 UHY-SI-Z | .r ' | | | • | 1 |

indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, dr on an attackment with an address with all other like empowered.

SIGNATURE: