

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

DOCUMENT # *N42067*  
1. Entity Name  
*CHABAD LUBAVITCH OF NORTH BROWARD  
and PALM BEACH COUNTIES, INC.*

FILED

02 MAY 28 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>1500 N. STATE RD #7</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MARGATE, FL</i>		City & State	
Zip <i>33063</i>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0200283</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Biston, Joseph</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>5851 Holmberg rd #2314</i>	
City <i>PARKLAND</i>	FL Zip Code <i>33067</i>

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)

<b>FEE IS \$61.25 Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE <i>DP</i>	NAME <i>BISTON, JOSEPH</i>	TITLE	<p><b>100005753981--8</b> -06/11/02--01095--001 *****70.00 *****70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE, FL 33063</i>	NAME	
TITLE <i>DVP</i>	NAME <i>BRONSTEIN, JOSEPH</i>	TITLE	
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE FL 33063</i>	NAME	
TITLE <i>DST</i>	NAME <i>BISTON, BAYLA</i>	TITLE	
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE, FL 33063</i>	NAME	
TITLE <i>P</i>	NAME <i>BUKIET ZALMAN</i>	TITLE	
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE FL 33063</i>	NAME	
TITLE <i>D</i>	NAME <i>KORF SHOLOM</i>	TITLE	
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE, FL 33063</i>	NAME	
TITLE <i>P</i>	NAME <i>SHNEIOR DIRECHMAN</i>	TITLE	
STREET ADDRESS <i>1500 N. STATE RD #7</i>	CITY-ST-ZIP <i>MARGATE FL 33063</i>	NAME	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*954-970-9551*

CR2E037B (12/01)