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

DOCUMENT # **N9200000375**

CHABAD LUBAVITCH OF NORTHEAST FL., INC.



FILED May 07, 2003 8:00 am § Secretary of State 05-07-2003 901 40 027 ****61.25

Principal Place of Business 10129 HALEY RD.		Mailing Address 10129 HALEY RD.					341	
JACKSONVILLE US	E FL 32257	JACKSONVILLE FL 32257 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
				CHECK HERE IF MAKING CHANGES				
City & State		City & State		_	4. FEI Number 59	4. FEI Number 59-3172241 Applied For Not Applicate		plied For t Applicable
Zip	Country	Zip	Zip Cour		5. Certificate of Sta	5. Certificate of Status Desired See Required		
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Registered A	gent	
MALIANOV DARRI V			Name					
Kahanov, Rabbi y 10129 Haley RD.			Street Addres		ss (P.O. Box Number is No	ot Acceptable)]
	NVILLE FL 32257		. [
				City		FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	s registere	d office or regis	istered agent, or both, in the	he State of Florida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent.							{
SIGNATURE .								{
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature req	quired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		nancina				
•	FILE NOW: FEE IS \$61.25			· -	\$5.00 May Be Added to Fees	Make Check Florida Depart		
		Trust Fund	Contribution	· -	Added to Fees	Florida Depart	ment of S	State
10.	OFFICERS AND DIF	Trust Fund		on. 🗆	Added to Fees		ment of S	State
10. TITLE NAME	OFFICERS AND DIE	Trust Fund	11. TITLE	on.	Added to Fees	Florida Depart	ment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD KAHANOV, RABBI Y 2967 BRAEMAR DRIVE	Trust Fund	11. TITLE NAME STREE	T ADDRESS	Added to Fees	Florida Depart	ment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE	Trust Fund	11. TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	Added to Fees	Florida Depart	ment of S	10 Addition
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD KAHANOV, RABBI Y 2967 BRAEMAR DRIVE JACKSONVILLE FL VO COHEN, JEFF	Trust Fund	11. TITLE NAME STREE	T ADDRESS ST-ZIP	Added to Fees	Florida Depart	ment of S	State
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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: