

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90009 039 \*\*\*\*61.25

**DOCUMENT # N92000000456**

1. Entity Name

**CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.**

Principal Place of Business

Mailing Address

2611 N. HIATUS ROAD  
 SUITE 136  
 COOPER CITY FL 33026

2611 N. HIATUS ROAD  
 SUITE 136  
 COOPER CITY FL 33026-1303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9700 Stirling Road  
 Suite, Apt. #, etc.

9700 Stirling Road  
 Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

65-0374355

Applied For

Not Applicable

Zip

Country

33024

Zip

Country

33024

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

Name

Street Address (P.O. Box Number is Not Acceptable)

9700 Stirling Road

City

COOPER CITY

FL

Zip Code

33024

ANDRUSIER, PINNY RABBI  
 2611 N. HIATUS ROAD  
 SUITE 136  
 COOPER CITY FL 33026

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 P  
 NAME ANDRUSIER, PINNY  
 STREET ADDRESS 3701 STARBOARD AVE  
 CITY-ST-ZIP COOPER CITY FL ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  
 NAME ANDRUSIER, GITY MRS  
 STREET ADDRESS 3701 STARBOARD AVE  
 CITY-ST-ZIP COOPER CITY FL ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME LIPSZYC, MOSHE M RABBI  
 STREET ADDRESS 12 FT ROYAL ISLE  
 CITY-ST-ZIP FT LAUD FL 33008 ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  
 NAME RUSSO, MIKE  
 STREET ADDRESS 2510 AMBASSADOR AVE  
 CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD  
 NAME DAMATOV, DAVID MR  
 STREET ADDRESS 10744 RICHMOND PL  
 CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME FRIEDMAN, GEORGE H  
 STREET ADDRESS 5981 FUUSTON ST  
 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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:

**REQUIRED**

4/27/00 954-430-1776