2001 UNIFORM BUSINES ... ORT (UBR) FILED DOCUMENT # NOLZOOOOUU56 Apr 02, 2001 8:00 am Secretary of State Chabad Lubruitch of southwest Broward, Inc. 04-02-2001 90081 048 ****61.25 Principal Place of Búsiness Mailing Address 2700 Stirling Road A0033903 .--SAME cooper city, Fl 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-6274255 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Andriser, Plany Rabbi Street Address (P.O. Box Number is Not Acceptable) 9700 Stirling Ad. cooper city, FL 33026 Zip Code 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 9. Election Campaign Financing FILE NOW: Make Check Payable to-\$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Androser, Pinny Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME 3701 Starboard Ave STREET ADDRESS STREET ADDRESS President CITY-ST-ZIP CITY-ST-ZIP C C FL Change TITLE ☐ Delete TITLE Addition Andreser Gitty NAME NAME STREET ADDRESS 3701 Starboard AR STREET ADDRESS CL PL 33024 CITY-ST-ZIP CITY-ST-ZIP Sect. Lipszyc Mosta M Rabbi ☐ Change ☐ Addition TITLE NAME STREET ADDRESS PT Royal Isle STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director FT LAUX. PL 33018 TITLE Delete ☐ Change ☐ Addition RUSSO MIKE NAME NAME 2510 Ambassador Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP cooper CILY FL 33026 CITY-ST-ZIP "Delete TITLE TITLE ☐ Change Addition Damatou David NAME NAME 10744 RICH Mond Pl STREET ADDRESS STREET ADDRESS CC FL 33026 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition Frickman George NAME STREET ADDRESS 5981 Fouston ST Hollywood FL STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2001