

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-24-2002 90387 033 ****61.25

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1. Entity Name

CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.**92350**

Principal Place of Business

**9700 STIRLING ROAD
COOPER CITY FL 33024**

Mailing Address

**9700 STIRLING ROAD
COOPER CITY FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0374355

Applied For

Not Applicable

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

**ANDRUSIER, PINNY RABBI
9700 STIRLING RD
COOPER CITY FL 33026**

Name

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

City

FL

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

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ANDRUSIER, PINNY	3701 STARBOARD AVE	COOPER CITY FL	<input type="checkbox"/>
	ANDRUSER, GITY	3701 STARBOARD AVE	COOPER CITY FL	<input type="checkbox"/>
	LIPSYC, MOSHE M RABBI	12 PT-ROYAL ISLE	FT LAUD FL 33008	<input type="checkbox"/>
	RUSSO, MIKE	2510 AMBASSADOR AVE	COOPER CITY FL 33026	<input checked="" type="checkbox"/>
	DAMATOV, DAVID MR	10744 RICHMOND PL	COOPER CITY FL 33026	<input checked="" type="checkbox"/>
	FRIEDMAN, GEORGE H	5981 FUUSTON ST	HOLLYWOOD FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**REINSTATEMENT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #