

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005015

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** CHABAD HOUSE OF NORTH DADE, INC.

**Current Principal Place of Business:**

21001 BISCAYNE BLVD.  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21001 BISCAYNE BLVD.  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0455721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FURMANSKI, MARIANNA ADM  
21001 BISCAYNE BLVD.  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** STR  
**Name:** GORIN, MENDEL  
**Address:** 2020 NE 212TH STREET  
**City-St-Zip:** NMB, FL 33179

**Title:** TTR  
**Name:** SINGER, STANLEY  
**Address:** 19698 NE 24TH AVE  
**City-St-Zip:** NMB, FL 33180

**Title:** V  
**Name:** BONNARDEL, KENNETH  
**Address:** 20130 NE 26TH AVE  
**City-St-Zip:** NMB, FL 33180

**Title:** P  
**Name:** SERFATI, JACOB  
**Address:** 21001 BISCAYNE BLVD.  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAIVI FORTA

D

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date