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03-24-1999 90086 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001402

1. Corporation Name

CHABAD CENTER OF SUNNY ISLES, INC.

Principal Place of Business

17100 COLLINS AVE.
 SUITE 212
 SUNNY ISLE FL 33160

Mailing Address

17100 COLLINS AVE.
 SUITE 212
 SUNNY ISLE FL 33160



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

65-0476811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SUFRIN, RACHEL
 17100 COLLINS AVE.
 SUITE 212
 SUNNY ISLE FL 33160

10. Name and Address of New Registered Agent

81 Name **BARON, YISRAEL**
 82 Street Address (P.O. Box Number is Not Acceptable)
17100 COLLINS AVE, SUITE 212
 83
 84 City **SUNNY ISLES BEACH, FL** 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **TDVP**
 NAME **SUFRIN, RACHEL**
 STREET ADDRESS **17100 COLLINS AVE., SUITE 212**
 CITY-ST-ZIP **SUNNY ISLE FL 33160**

TITLE **SD**
 NAME **SUFRIN, YISROEL B**
 STREET ADDRESS **17100 COLLINS AVE., SUITE 212**
 CITY-ST-ZIP **SUNNY ISLE FL 33160**

TITLE **SDT**
 NAME **MOTT, LEVI**
 STREET ADDRESS **17100 COLLINS AVE, STE 212**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **PD**
 NAME **SCHECHTER, YEHUDA**
 STREET ADDRESS **17100 COLLINS AVE, STE 212**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
 1.2 NAME **BARON YISRAEL**
 1.3 STREET ADDRESS **17100 COLLINS AVE, SUITE 212**
 1.4 CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

YISRAEL BARON

3/15/99

(305) 532-6421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)