

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001402

1. Entity Name

CHABAD CENTER OF SUNNY ISLES, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 018 ****61.25

Principal Place of Business

17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

Mailing Address

17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160-3675

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

65-0476811

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

BARON, YISRAEL
17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

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 \$61.25

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 BARON, YISRAEL
STREET ADDRESS 17100 COLLINS AVE., SUITE 212
CITY-ST-ZIP SUNNY ISLE FL 33160

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (9/99)