

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

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

DOCUMENT # N94000001402

1. Entity Name
CHABAD CENTER OF SUNNY ISLES, INC.

Principal Place of Business Mailing Address
 17100 COLLINS AVE. 17100 COLLINS AVE.
 SUITE 212 SUITE 212
 SUNNY ISLE FL 33160 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 Applied For
65-0476811 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BARON, YISRAEL
17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

7. Name and Address of New Registered Agent
 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

TITLE	Name	Street Address	City - ST - ZIP	Delete
P	BARON, YISRAEL	17100 COLLINS AVE., SUITE 212	SUNNY ISLE FL 33160	<input type="checkbox"/>
SD	SUFRIN, YISROEL B	17100 COLLINS AVE., SUITE 212	SUNNY ISLE FL 33160	<input type="checkbox"/>
SDT	MOTT, LEVI	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160	<input type="checkbox"/>
PD	SCHECHTER, YEHUDA	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Name	Street Address	City - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)