

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N94000004931

CHABAD-LUBAVITCH OF PLANTATION, INC.

Principal Place of Business 9775 W BROWARD BLVD PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

9775 W BROWARD BLVD PLANTATION FL 33324

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90262 020 ****61.25

538902 - 90262 - 20 2



3. Date Incorporated or Qualifed

10/06/1994

65-0532862

4 FEI Number

Zp	23		21					o. Certificate of Statu	3 Dealled		Fee Rec	uired	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. SCHIFF, BENJAMIN ESQ. 7027 W. BROWARD BLVD. SUITE 230 PLANTATION FL 33317 14. City FL 85 Zip Code 15. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am finalise with, and except the obligations of. Section 17.0502, Florids Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am finalise with, and except the obligations of. Section 17.0502, Florids Statutes. SIGNATURE 13. Florids Statutes 14. City FL 85 Zip Code 15. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am finalise with, and except the obligations of. Section 17.0502, Florids Statutes. SIGNATURE 15. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes. SIGNATURE 16. PD PL	Zip		untry	Zip		intry	•		-				
SCHIFF, BENJAMIN ESQ. 7027 W. BROWARD BLVD. SUITE 230 PLANTATION FL 33317 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its 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, 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, 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, or both, in the State of Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered diffector, I hereby accept the appointment as registered agent, or both in the State of Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered diffector. I hereby accept the appointment as registered diffectors, I hereby accept the appointment as registered agent, or both in the State addition. The State addition of State and the State addition agent ag	24]			11001.010									
SUTTE 230 PLANTATION FL 33317 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, the above-named 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.		o. Name and Ad	diess of ourient ive	Jisterou Agoin		81	Name						
SUTTE 230 PLANTATION FL 33317 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, the above-named 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.	7027 W. BROWARD BLVD.						hard Advisor Date of the Control of						
SUTE 230 PLANTATION FL 33317 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 list 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signatura, Typed or printed name of negatiened agent and set if applicable in (NOTE Registered Agent Ingention Properties in State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and armited with an accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signatura, Typed or printed name of negatiened agent and set if applicable in (NOTE Registered Agent Ingention Properties State Corporation's board of directors. I hereby accept the popontriment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. DATE TO STATE TO STATE TO SECTION TO SECTION STATE T							82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33317 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 agent. I am familiar with, and accept the obligations of, Section 617.0502, Principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0502, Principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0502, Principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0502, Principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 617.0502, Principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent are required when reinstately) 12.								· · · · · · · · · · · · · · · · · · ·					
17. 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD. DELETE 11. TITLE PD. DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANG											[az] =: 6		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept interappointment as registered agent, and accept the obligations of, Section 617,0503, Floridal Statute. SIGNATURE							,	<u></u>			- I. l		
12.	office or r	egistered agent, or b	oth, in the State of Flo	orida. Such change w	as authonzed	d by th	named corp le corporation	oration submits this state on's board of directors. I h	ment for the nereby acce	purpose o ot the appo	f changing its r pintment as reg	egistered istered	
12.	SIGNATURE	Signature typed or printed i	name of recistered agent and t	itle if applicable. (I	NOTE: Registered	a InegA t	ignature require	d when reinstating)					
NAME	12.							ADDITIONS/CHAN	GES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
13 STREET ADDRESS	TITLE	PD		☐ DELETI	E 1.1 TI	TLE					Change	Addition	
13 STREET ADDRESS	NAME	PHILLIPS, JAMES	SB		1.2 N	AME							
TITLE DVP						TREET A	DDRESS						
NAME SCHIFF, JULIE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 24 CITY-ST-ZIP TITLE DVP DELETE 31 TITLE DVP DELETE 33 STREET ADDRESS DVP DELETE 34 STREET ADDRESS DVP DELETE DVP D	CITY-ST-ZIP	PLANTATION FL	33324		1.4 C	ITY-ST-Z	ZIP	<u>. </u>					
STREET ADDRESS TO27 W. BROWARD BLVD. 23 STREET ADDRESS	TITLE	DVP		□ DELET	Ε 2.1 Π	TLE					Change	☐ Addition	
CITY-ST-ZIP	NAME	SCHIFF, JULIE			2.2 N	AME	İ					}	
TITLE	STREET ADDRESS	7027 W. BROWA	rd blvd.		2.3 S	TREET A	DORESS						
NAME ROTLEWICZ, MARK 3.2 NAME 3.3 NAME 3.5 NA	CITY-ST-ZIP	PLANTATION FL	33317			ITY-ST-	ZIP						
STREET ADDRESS 9950 SW 4TH ST 3.3 STREET ADDRESS	TITLE	DVP		□ DELETI	E 3.1 TI	TLE					Change	☐ Addition	
STREET ADDRESS STRE	NAME	ROTLEWICZ, MA	rk		3.2 N	AME	-						
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition TITLE DELETE 6.1 TITLE CHANGE Addition Addition NAME 6.2 NAME CTY-ST-ZIP CTY-ST-ZIP<	STREET ADDRESS	9950 SW 4TH ST	Γ		3.3 \$	TREETA	DORESS						
NAME	CITY-ST-ZIP	PLANTATION FL	33324				ZIP					□ • • • • • • • • • • • • • • • • • • •	
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition	TITLE			L_J DELETI	E 4,1 TI	TLE	İ				☐ Change	☐ Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				4.2 N	IAME							
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME <td>STREET ADDRESS</td> <td>ļ</td> <td></td> <td></td> <td>4.3 S</td> <td>TREET A</td> <td>DORESS</td> <td></td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS	ļ			4.3 S	TREET A	DORESS						
NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP 6.2 NAME STREET ADDRESS CITY- ST- ZIP 6.4 CITY- ST- ZIP	CITY-ST-ZIP						ŽIP .				Chases	["] Addition	
STREET ADDRESS	TITLE	1		☐ DELETI			ļ				☐ Change	[_] Addition	
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME											}	
DELETE	STREET ADDRESS						ļ						
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP				——————————————————————————————————————			ZIP -				□ Change	√ Addition	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE	1		☐ DECE II	_							(Accinon	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME						DODE OF						
G11-51-4P	STREET ADDRESS												
		45.41.13.15		- Elina doortti				Postion 110 07(2\/i) Flori	da Statutos	I further or	artify that the in	formation	

nateby certify that the information supplied with this limits over not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. If further certify that the information indicated on this annual report or suppliemental 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Not Applicable