

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90001 037 ****61.25

DOCUMENT # N94000005298

1. Entity Name

CHABAD OCEAN SYNAGOGUE, INC.

Principal Place of Business

1295 EAST HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

Mailing Address

1295 EAST HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

1295 E. HALL BEACH BLVD

3. Mailing Address

Suite, Apt. #, etc.

1295 E. HALL BEACH BLVD



DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

65-0805511

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

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

HODKIN, PETER M
2101 WEST COMMERCIAL BLVD
SUITE 4100
FORT LAUDERDALE FL 33309

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 Delete
 NAME **DP KASEN, BARRIE**
 STREET ADDRESS **1911 JACKSON ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT BONNARDEL, KENNETH**
 STREET ADDRESS **20130 N.E. 28TH AVE.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV KUDAN, DAVID**
 STREET ADDRESS **1245 RODMAN STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S SCHWARTZ, MOSHE**
 STREET ADDRESS **1108 N.E. 5TH ST.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 persons empowered.

SIGNATURE: David Kudan 2/28/02 954-458 1897

CR2E037 (9/01)