

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90101 023 ****61.25

DOCUMENT # N95000000832

1. Entity Name

CHABAD LUBAVITCH OF DELRAY-BOYNTON BEACH, INC.

Principal Place of Business

Mailing Address

7271 W. ATLANTIC AVE.
 DELRAY BEACH FL 33446

7271 W. ATLANTIC AVE.
 DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

7495 W. ATLANTIC AVE

7495 W. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH FL

220

City & State
 DELRAY BEACH FL

City & State
 DELRAY BEACH FL

Zip

Country

Zip

Country

33446

33446



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1628885

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

KORF, SHOLOM B RABBI
 7271 W. ATLANTIC AVE.
 DELRAY BEACH FL 33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 D
 STREET ADDRESS KORF, SHOLOM B RABBI
 CITY-ST-ZIP 7271 W. ATLANTIC AVE.
 DELRAY BEACH FL 33446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS CIMENT, SHOLOM RABBI
 CITY-ST-ZIP 11211 S. MILITARY TRAIL
 BOYNTON BEACH FL 33437

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS KORF, RIVKA
 CITY-ST-ZIP 7271 W. ATLANTIC AVE.
 DELRAY BEACH FL 33446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (4/02)