

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 005 ***183.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002437

1. Corporation Name

CHABAD LUBAVITCH OF DOWNTOWN FORT LAUDERDALE, IN
C.

Principal Place of Business

200 S.E. 6TH ST.
SUITE 503
FT. LAUDERDALE FL 33301
US

Mailing Address

3349 NE 42ND CT
FT. LAUDERDALE FL 33308
US



2. Principal Place of Business

21 20533 Biscayne Blvd.

Suite, Apt. #, etc.

22 416

City & State

23 Aventura FL

Zip Country

24 33180 25 USA

2a. Mailing Address

26 20533 Biscayne Blvd.

Suite, Apt. #, etc.

27 416

City & State

28 Aventura FL

Zip Country

29 33180 30 USA

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0586550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAZARUS, DAVID M
1815 GRIFFIN ROAD
SUITE 403
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 235 N. UNIVERSITY DRIVE

84 City

85 Dembroke Drive FL

Zip Code

33024

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD YASROD B SPALTER

STREET ADDRESS 770 BOWMEN DR

CITY-ST-ZIP FT. LAUDERDALE FL 33328

TITLE ☐ DELETE

NAME SD LIPSYC, RIVKA

STREET ADDRESS 1033 OAKLAND PARK BLVD.

CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME PD LIPSYC, RABBI A

STREET ADDRESS 3515 GALT OCEAN DRIVE

CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)