

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90298 049 \*\*\*\*61.25

**DOCUMENT # N95000002437**

1. Entity Name

CHAI OF AVENTURA, INC.

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD  
 416  
 AVENTURA FL 33180  
 US

20533 BISCAYNE BLVD  
 416  
 AVENTURA FL 33180  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

1948 NB 123<sup>rd</sup> St / 1000 Pkwy A. L. PSZYC  
 Suite, Apt. #, etc.  
 11650 NE 21 DR

N. Miami PL

33181

Country

33181

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11650 NE 21 DR

N. Miami PL

33181

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0586550

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

Name

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

City

FL

Zip Code

LAZARUS, DAVID M  
 235 N UNIVERSITY DR  
 PEMBROKE PINES FL 33024

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 \$81.25

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 SPALTER, YISREAL B  
 770 BOWMEN DR  
 FT. LAUDERDALE FL 33328

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 LIPSZYC, RIVKA  
 1033 OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33334

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 LIPSZYC, RABBI A  
 20533 BISCAYNE BLVD #416  
 AVENTURA FL 33180

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 11650 NE 21 DR  
 N. Miami FL 33181

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02 706-423 4431

Date

CR2E037 (9/01)



*Chickman*  
*969385*

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 2, 2002

CHAI OF AVENTURA, INC.  
1948 N.E. 123RD ST.  
NORTH MIAMI, FL 33181 US

SUBJECT: CHAI OF AVENTURA, INC.  
Ref. Number: N95000002437

We have received your document for CHAI OF AVENTURA, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Please sign and return your check submitted with the annual report/uniform business report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 902A00027399