

DOCUMENT # N95000002508

1. Entity Name

FRIENDS OF CHABAD OF BOCA RATON, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90196 040 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5030 CHAMPION BLVD D#6
BOCA RATON FL 33496

5030 CHAMPION BLVD D#6
BOCA RATON FL 33496-2473

2. Principal Place of Business

3. Mailing Address

17950 Military Trail

17950 Military Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0591634

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

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

LENOFF, MICHELE M
1761 W. HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH FL 33442

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BUKIET, ZALMAN 5030 CHAMPION BLVD D-6 BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUIKET, HANNAH 5030 CHAMPION BLVD D#6 BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DENBURG, MOSHE 5030 CHAMPION BLVD D#6 BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS DENBURG, RIVHAK 5030 CHAMPION BLVD D#6 BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

561 994 6257

Daytime Phone #

CR2E037 (9/99)