

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90223 036 \*\*\*\*70.00

DOCUMENT # **IN95000005000**

1. Entity Name

**CHABAD-LUBAVITCH OF BOYNTON, INC.**

Principal Place of Business

Mailing Address

10655 EL CLAIR RANCH RD.  
 BOYNTON BEACH FL 33437  
 US

P.O. BOX 740934  
 BOYNTON BEACH FL 33474-0934  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0601251**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

CIMENT, RABBI SHOLOM  
 11211 S MILITARY TR  
 BOYNTON BEACH FL 33436

*Chng. of Address only.*

Name **Rabbi Sholom Ciment**

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

**10672 Kasmir Court**

City **Boynton Beach**

**FL**

Zip Code **33437**

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

*[Handwritten 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 **D**  Delete  
 NAME **KORF, RABBI SHOLOM B**  
 STREET ADDRESS **7271 W ATLANTIC AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE  Change  Addition  
 NAME **President and Secretary**  
 STREET ADDRESS **Rabbi Sholom Ciment**  
 CITY-ST-ZIP **10672 Kasmir Court**  
**Boynton Beach, Florida 33437**  Change  Addition

TITLE **D**  Delete  
 NAME **CIMENT, RABBI SHOLOM**  
 STREET ADDRESS **11211 S. MILITARY TR. #4521**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D**  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **Nechama Dina Ciment**  
 CITY-ST-ZIP **10672 Kasmir Court**  
**Boynton Beach, Florida 33437**  Change  Addition

TITLE **D**  Delete  
 NAME **CIMENT, N. DINA**  
 STREET ADDRESS **11211 S MILITARY TR**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D**  Change  Addition  
 NAME **Levi Nagel**  
 STREET ADDRESS **1368 President St.**  
 CITY-ST-ZIP **Brooklyn, N.Y. 11213**

TITLE **D**  Delete  
 NAME **NAGEL, LEVI**  
 STREET ADDRESS **1368 PRESIDENT ST.**  
 CITY-ST-ZIP **BROOKLYN NY 11213**

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 like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**1/11/00**

**(561) 732-4633**  
 Date Daytime Phone #

CR2E037 (9/99)