2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2001 8:00 am Secretary of State DOCUMENT # N9500003080 1. Entity Name CHABAD-LUBAVITCH OF BOYNTON, INC. 01-19-2001 90044 008 ****70.00 Mailing Address Principal Place of Business P.O. BOX 740934 10655 EL CLAIR RANCH RD. **BOYNTON BEACH FL 33474 BOYNTON BEACH FL 33437** 3. Mailing Address 2. Principal Place of Business Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number City & State City & State 65-0601251 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CIMENT, RABBI SHOLOM 10672 KASMIR COURT **BOYNTON BEACH FL 33437** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition CR2E037 (10/00) TITLE TITLE PSD ☐ Delete NAME NAME CIMENT, RABBI SHOLOM STREET ADDRESS STREET ADDRESS 10672 KASMIR COURT CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change □ Addition ☐ Delete TITLE NAME CIMENT, NACHAMA D NAME STREET ADDRESS STREET ADDRESS 10672 KASMIR COURT CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Addition ☐ Oelete Change TITLE NAME NAME NAGEL, LEVI STREET ADDRESS STREET ADDRESS 1368 PRESIDENT ST. CITY-ST-7IP CITY-ST-ZIP **BROOKLYN NY 11213** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: