2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90022 043 ****70.00

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DOCUMENT # N95000003250

1. Entity Name

TZACH (TZEIREI AGUDAT CHABAD), INC.

Principal Place of Business	Mailing Address
~~420 LINCOLN ROAD~~ ~~SUITE 347~~ ~~MIAMI BEACH FL 33139~~	~~420 LINCOLN ROAD~~ ~~SUITE 347~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
145 EAST FLAGLER ST	145 EAST FLAGLER ST
Suite, Apt. #, etc.: B-2	Suite, Apt. #, etc.: B-2
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33131 Country: MIAMI-DADE	Zip: 33131 Country: MIAMI DADE

4. FEI Number 65-0594319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERCOVITS, ZVI
420 LINCOLN ROAD
SUITE 347
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 145 EAST FLAGLER ST # B-2

City MIAMI **FL** Zip Code 33131

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P BERCOVITS, ZVI 420 LINCOLN ROAD #347 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLAINBAUM, BRANCHA 100 BAYVIEW DRIVE #706 SUNNY ISLES FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERNER, DAVID 420 LINCOLN RD #372 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEHR, BRUCE 1401 BRICKELL AVENUE MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERCOVITS, RACHEL 19370 COLLINS AVE #416 SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARRIBAS, MARLENE 20630 N. MIAMI AVENUE MIAMI, FLORIDA 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 — Date — Daytime Phone #