

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003353 (8)

1. Corporation Name

CHABAD LUBAVITCH OF DOWNTOWN FORT LAUDERDALE II,  
INC.



Principal Place of Business

Mailing Address

200 S.E. 6TH ST.  
503  
FT. LAUDERDALE FL 33301  
US

200 S.E. 6TH ST.  
503  
FT. LAUDERDALE FL 33301  
US

3. Date Incorporated or Qualified

07/14/1995

4. FEI Number

65-0614600

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3349 NE 42nd Court  
Suite, Apt. #, etc.

26 3349 NE 42 CT.  
Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

22 City & State  
23 Ft. Lauderdale FL

27 City & State  
28 Ft. Lauderdale FL

24 Zip 33308 25 Country USA

29 Zip 33308 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZARUS, DAVID M  
1815 GRIFFIN ROAD  
SUITE 403  
DANIA FL 33004

81 Name LAZARUS, DAVID M

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

241 N. UNIVERSITY DR.

84 City Pembroke Pines FL 85 Zip Code 33024

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LIPSYC, RABBI A  
STREET ADDRESS 12 FORT ROYAL ISLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ DELETE

1.1 TITLE PP  
1.2 NAME LIPSYC, Rabbi A ☒ Change ☐ Addition  
1.3 STREET ADDRESS 20533 Biscayne Boulevard, Suite 416  
1.4 CITY-ST-ZIP Aventura, FL 33180

TITLE SD  
NAME LIPSYC, RABBI M  
STREET ADDRESS 1033 OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☒ DELETE

2.1 TITLE SD  
2.2 NAME LIPSYC, Rivka ☒ Change ☐ Addition  
2.3 STREET ADDRESS 3349 NE 42 CT.  
2.4 CITY-ST-ZIP Ft. Lauderdale FL, 33308

TITLE TD  
NAME LIPSYC, RABBI A  
STREET ADDRESS 3515 GALT OCEAN DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☒ DELETE

3.1 TITLE TD  
3.2 NAME SPALTER, Yisroel ☒ Change ☐ Addition  
3.3 STREET ADDRESS 770 Bowman Dr  
3.4 CITY-ST-ZIP Weston FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abraham Lipsyc 7/26/98 954-565-4854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000162

CR2E037 (5/98)