

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90020 016 ****61.25

DOCUMENT # N95000005568

1. Entity Name

CHABAD CENTER OF KENDALL, INC.

Principal Place of Business

10905 S.W. 107 AVENUE
 MIAMI FL 33176

Mailing Address

10905 S.W. 107 AVENUE
 MIAMI FL 33176-3444

2. Principal Place of Business

8700 SW 112 ST.

3. Mailing Address

8700 SW 112 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0667380

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEARR, CRAIG R
 9130 S. DADELAND BLVD
 #1609
 MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HARLIG, YOSHI Y	10511 S.W. 109 COURT	MIAMI FL 33176	<input type="checkbox"/>
D	HARLIG, NACHAMA	10511 S.W. 109 AVENUE	MIAMI FL 33176	<input type="checkbox"/>
D	DALFIN, CHAYA	10511 S.W. 109 AVENUE	MIAMI FL 33176	<input type="checkbox"/>
D	AUSLANDER, DAVID	10511 SW 109 CT	MIAMI FL 33176	<input type="checkbox"/>
D	DEARR, CRAIG	10511 SW 109 CT	MIAMI FL 33176	<input type="checkbox"/>
S	LEBOWITZ, ALAN	10511 SW 109 CT	MIAMI FL 33176	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employed.

SIGNATURE:

SIGNATURE REQUIRED

4/25/2000

305-270-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #