

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90358 017 ****61.25

DOCUMENT # N96000000021

1. Entity Name
CHABAD OF KEY WEST, INC.



Principal Place of Business
**800 EISENHOWER
KEY WEST FL 33040
US**

Mailing Address
**321 GRINNELL ST
KEY WEST FL 33040
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0635011**

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

**ZUCKER, JACOB
321 GRINNELL ST
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKER, JACOB 321 GRINNELL STREET KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISTON, JOSEPH 1500 N STATE ROAD #7 MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZUCKER, CHANA 321 GRINNELL ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSSKIND, GARY M 459 EMPIRE BLVD BROOKLYN NY 11225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGAL, LEVI 321 GRINNELL STREET KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ZUCKER JACOB 321 GRINNELL ST KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BISTON JOSEPH 1500 N. STATE RD #7 MARGATE FL 33063
TITLE 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: SIGNATURE REQUIRED DIRECTOR/PO 4-30-03 305 304 7712

CR2E037 (10/02)