

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001518

1. Entity Name

CHABAD T.L.C., INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90155 006 ****61.25

Principal Place of Business

Mailing Address

10277 BERMUDA DR
COOPER CITY FL 33026

10277 BERMUDA DR
COOPER CITY FL 33026-4630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9900 Stirling Rd
Suite, Apt. #, etc. Suite 230

← SAME
Suite, Apt. #, etc.

City & State
COOPER CITY, FL
Zip 33026 Country USA

City & State

4. FEI Number

65-0650913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWS OFFICES OF DVORA M. WEINREB P.A.
9900 STIRLING RD
STE. 320
COOPER CITY FL 33021

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ROSENBLUM, YOSEF R	
STREET ADDRESS	10277 BERMUDA DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBLUM, BINA	
STREET ADDRESS	10277 BERMUDA DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINREB, DVORA	
STREET ADDRESS	9900 STIRLING RD., STE. 230	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenblum, Yosef R	
STREET ADDRESS	9900 Stirling Rd, #230	
CITY-ST-ZIP	COOPER CITY, FL 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenblum, BINA	
STREET ADDRESS	9900 Stirling Rd, #230	
CITY-ST-ZIP	COOPER CITY, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

(954) 433-2100

Daytime Phone #

CR2E037 (9/99)