

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004658

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90237 030 \*\*\*\*61.25

1. Entity Name

CHABAD LUBAVITCH-OF VENETIAN CAUSEWAY AND SURROU

Principal Place of Business

1125 WEST AVENUE  
 #602  
 MIAMI BEACH FL 33139

Mailing Address

1125 WEST AVENUE  
 #602  
 MIAMI BEACH FL 33139-4700

2. Principal Place of Business

115 7TH DILIDOTER

3. Mailing Address

115 7TH DILIDOTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BE FL.

City & State

MIAMI BE. FL.

4. FEI Number

65-0860163

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

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

FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

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	D	<input checked="" type="checkbox"/> Delete
NAME	MANN, ABRAHAM	
STREET ADDRESS	1125 WEST AVENUE #602	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANN, CHAYA T	
STREET ADDRESS	1125 WEST AVENUE #602	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZMAN, MARK	
STREET ADDRESS	5 ISLAND AVE. #150	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM MANN	
STREET ADDRESS	115 7TH DILIDOTER	
CITY-ST-ZIP	MIAMI BE FL. 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LHAYA MANN	
STREET ADDRESS	115 7TH DILIDOTER	
CITY-ST-ZIP	MIAMI BE. FL. 33139	
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 PREPARED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)