

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90042 002 ****61.25

DOCUMENT # N98000004658

1. Entity Name

CHABAD LUBAVITCH OF VENETIAN CAUSEWAY AND SURROUNDING ISLANDS, INC.



Principal Place of Business

115 -7TH OILDO TERR
MIAMI BEACH FL 33139

Mailing Address

115 -7TH OILDO TERR
MIAMI BEACH FL 33139

2. Principal Place of Business

115 7T TER - OILDO IS.

3. Mailing Address

115 7TH TER - OILDO IS.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BE, FL.

City & State

MIAMI BE, FL.

Zip

33139

Country

Zip

33139

Country

4. FEI Number

65-0860163

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. 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 Delete
NAME **D MANN, ABRAHAM**
STREET ADDRESS **115 -7TH OILDO TERR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Delete
NAME **D MANN, CHAYA T**
STREET ADDRESS **115 -7TH OILDO TERR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Delete
NAME **D KATZMAN, MARK**
STREET ADDRESS **5 ISLAND AVE. #15D**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D KATZMAN, MARK**
STREET ADDRESS **841 W 47ST,**
CITY-ST-ZIP **MIAMI BE, FL, 33140**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED

1/6/03

305 535-8263

CR2E037 (10/02)