

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90941 034 ****61.25

DOCUMENT # N99000000222

1. Entity Name

CHABAD TZIVOS HASHEM, INC.

Principal Place of Business

**5560 S.W. 113 AVE.
COOPER CITY FL 33330**

Mailing Address

**5560 S.W. 113 AVE.
COOPER CITY FL 33330**

2. Principal Place of Business

5560 SW 113 AVE

Suite, Apt. #, etc.

3. Mailing Address

5560 SW 113 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY FL

City & State

COOPER CITY FL

4. FEI Number

65-0927120

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEISS, MENDY RABBI
5560 S.W. 113 AVE.
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name

WEISS MENDY RABBI

Street Address (P.O. Box Number is Not Acceptable)

5560 S.W. 113 AVE

City

COOPER CITY FL

Zip Code

33330

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

06/01/02**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 type="checkbox"/> Delete |
| NAME | WEISS, MENDY RABBI | |
| STREET ADDRESS | 5560 S.W. 113 AVE. | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEISS, TZIPPY | |
| STREET ADDRESS | 5560 S.W. 113 AVE. | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | |

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEINREB, DVORA | |
| STREET ADDRESS | 9900 STIRLING RD., #230 | |
| CITY-ST-ZIP | COOPER CITY FL 33024 | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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 an other like empowered.

SIGNATURE:

SIG. TZIPPY WEISS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**6/12/02****9546800858**
Daytime Phone #

CR2E037 (9/01)