

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91457 041 \*\*\*\*\*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

**1070 NW 178th Terrace**

Suite, Apt. #, etc.

**Pembroke Pines FL**

City & State

Zip  
**33029**

Country  
**USA**

3. Mailing Address

**1920 NW 178th Terrace**

Suite, Apt. #, etc.

**Pembroke Pines FL**

City & State

Zip  
**33029**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0927120**

Applied For

Not Applicable

5. 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

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 NO. 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 **D** ☐ Delete  
NAME **WEISS, MENDY RABBI**  
STREET ADDRESS **5560 S.W. 113 AVE.**  
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **D** ☐ Delete  
NAME **WEISS, TZIPPY**  
STREET ADDRESS **5560 S.W. 113 AVE.**  
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **D** ☐ Delete  
NAME **WEINREB, DVORA**  
STREET ADDRESS **9900 STIRLING RD., #230**  
CITY-ST-ZIP **COOPER CITY FL 33024**

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 **Rabbi** ☒ Change ☐ Addition  
NAME **Mendel Weiss**  
STREET ADDRESS **1970 NW 178th Terrace**  
CITY-ST-ZIP **Pembroke Pines FL 33029**

TITLE **Tzippy Weiss** ☒ Change ☐ Addition  
NAME **Tzippy Weiss**  
STREET ADDRESS **1970 NW 178th Terrace**  
CITY-ST-ZIP **Pembroke Pines FL 33029**

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

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**

CR2E037 (10/02)