

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005258

**Entity Name:** CHABAD LUBAVITCH OF NORTH MIAMI, INC.

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
SUITE 310  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
SUITE 310  
NORTH MIAMI, FL 33181 US

**FEI Number:** 65-1124450

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIPSZYC, RABBI A  
12550 BISCAYNE BOULEVARD  
SUITE 310  
NORTH MIAMI, FL 33181 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           LIPSZYC, ABRAHAM RABBI  
Address        11855 NE 19 DRIVE  
                  APT 3  
City-State-Zip: N. MIAMI FL 33181

Title           VPD  
Name           KATZMAN, CHAVI  
Address        699 CROWN STREET  
City-State-Zip: BROOKLYN NY 11213

Title           SD  
Name           KATZMAN, MOSHE  
Address        640 PARKSIDE AVENUE  
City-State-Zip: BROOKLYN NY 11226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABRAHAM LIPSZYC

**PRESIDENT**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date