

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009759

**FILED**  
**Jan 03, 2013**  
**Secretary of State**  
**CC5567216970**

**Entity Name:** CHABAD AT MIDTOWN, INC.

**Current Principal Place of Business:**

3050 BISCAYNE BLVD  
SUITE 202  
MIAMI, FL 33137

**Current Mailing Address:**

3050 BISCAYNE BLVD  
SUITE 202  
MIAMI, FL 33137 US

**FEI Number:** 20-0382142

**Certificate of Status Desired:** No

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

MERKIN, STEWART A  
444 BRICKELL AVE STE 300  
MIAMI, FL 33131 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 PD  
Name GOPIN, SHMUEL RABBI  
Address 251 NE 47TH STREET  
City-State-Zip: MIAMI FL 33137

Title VP  
Name SPALTER, YISROEL BRABBI  
Address 356 PALM BLVD.  
City-State-Zip: WESTON FL 33326

Title TD  
Name GOPIN, ANA E  
Address 251 NE 47TH STREET  
City-State-Zip: MIAMI FL 33137

Title SD  
Name GOPIN, SHMUEL RABBI  
Address 251 NE 47TH STREET  
City-State-Zip: MIAMI FL 33137

*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:** SHMUEL GOPIN

PD

01/03/2013

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

\_\_\_\_\_  
Date