

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008742

**Entity Name:** CHABAD AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

**Current Principal Place of Business:**

3430 POINCIANA AVE  
MIAMI, FL 33133

**Current Mailing Address:**

3430 POINCIANA AVE  
MIAMI, FL 33133 US

**FEI Number: 51-0525098**

**Certificate of Status Desired: No**

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

STEIN, ERIC PESQ.  
1820 N.E. 163RD STREET  
SUITE 100  
NORTH MIAMI BEACH, FL 33162 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 D  
Name FRIEDMAN, RABBI L  
Address 3430 POINCIANA AVE  
City-State-Zip: MIAMI FL 33133

Title VTD  
Name FRIEDMAN, SASHA  
Address 3430 POINCIANA AVE  
City-State-Zip: MIAMI FL 33133

Title D  
Name LIPSKAR, SHOLOM D  
Address 9540 COLLINS AVENUE  
City-State-Zip: SURFSIDE FL 33154

Title D  
Name FELLIG, RABBI Y  
Address 3713 MAIN HIGHWAY  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name WOLFF, RABBI E  
Address 22 BLACKWATCH TRL  
City-State-Zip: MORRISTOWN NJ 07960

Title PS  
Name FRIEDMAN, LEVI  
Address 3430 POINCIANA AVE  
City-State-Zip: MIAMI FL 33133

*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: LEVI FRIEDMAN**

**D**

**01/18/2023**

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

\_\_\_\_\_  
Date