

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008232

Entity Name: CHABAD JEWISH CENTER OF DORAL, INC.**Current Principal Place of Business:**5353 NW 109TH CT
DORAL, FL 33178**Current Mailing Address:**5353 NW 109TH CT
DORAL, FL 33178**FEI Number:** 20-3225864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRASHEVITZKY, RABBI A
5353 NW 109TH CT
DORAL, FL 33178 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	BRASHEVITZKY, AVROHOM
Address	5353 NW 109TH CT
City-State-Zip:	DORAL FL 33178

Title	D
Name	BRASHEVITZKY, ZELDA
Address	5353 NW 109TH CT
City-State-Zip:	DORAL FL 33178

Title	D
Name	HOLTZKENNER, STEWART
Address	6901 ENVIRON BLVD
City-State-Zip:	LAUDERHILL FL 33119

Title	D
Name	ESTREICHER, ROCHEL
Address	6901 ENVIRON BLVD
City-State-Zip:	LAUDERHILL FL 33119

Title	D
Name	GREEN, GEORGE
Address	9205 NW 43 CT
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MS.
Name	BRASHEVITZKY, MALKA
Address	5353 NW 109TH CT
City-State-Zip:	DORAL FL 33178

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: ZELDA BRASHEVITZKY**DIRECTOR****04/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date