

**2023 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, AVROHOM  
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:** AVROHOM BRASHEVITZKY

01/30/2023

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 BRASHEVITZKY, CHAYA  
Address 5353 NW 109TH CT  
City-State-Zip: DORAL FL 33178

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

Title DIRECTOR  
Name BRASHEVITZKY, YOSEPH  
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:** AVROHOM BRASHEVITZKY

DIRECTOR

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date