## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0500008783

Entity Name: CHABAD STUDENT CENTER, INC.

## **Current Principal Place of Business:**

935 NW 5TH AVE BOCA RATON, FL 33432

## **Current Mailing Address:**

935 NW 5TH AVE BOCA RATON, FL 33432 US

# FEI Number: 20-3396643

## Name and Address of Current Registered Agent:

LIBEROW, BORUCH SHMUEL 935 NW 5TH AVE BOCA RATON, FL 33432 US

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	D	Title	D
Name	LIBEROW, BORUCH SHMUEL RABBI	Name	THALER, RIVKA ROCHELLE
Address	935 NW 5TH AVE	Address	935 NW 5TH AVE
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432
Title	т	Title	SECR
Name	FELLIG, YAKOV RABBI	Name	DENBURG, MOSHE RABBI
Address	935 NW 5TH AVE	Address	17950 MILITARY TRAIL
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33496
Title	OFFI		
Name	BUKIET, ZALMAN RABBI		
Address	17950 MILITARY TRAIL		
City-State-Zip:	BOCA RATON FL 33496		

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: THALER RIVKA ROCHELLE

MGR

Electronic Signature of Signing Officer/Director Detail