

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008783

**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

**Certificate of Status Desired:** No

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

LIBEROW, BORUCH SHMUEL  
935 NW 5TH AVE  
BOCA RATON, FL 33432 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 LIBEROW, BORUCH SHMUEL RABBI  
Address 935 NW 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name THALER, RIVKA ROCHELLE  
Address 935 NW 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title T  
Name FELLIG, YAKOV RABBI  
Address 935 NW 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title SECR  
Name DENBURG, MOSHE RABBI  
Address 17950 MILITARY TRAIL  
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:** RIVKA ROCHELLE THALER

**MGR**

**03/27/2019**

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

\_\_\_\_\_  
Date