## 2018 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

Officer/Director Detail:

Title D Title I

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 T Title SECR

NameFELLIG, YAKOV RABBINameDENBURG, MOSHE RABBIAddress935 NW 5TH AVEAddress17950 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: RIVKA ROCHELLE THALER

**DIRECTOR** 

03/22/2018

FILED Mar 22, 2018

**Secretary of State** 

CC4765650264

Date

Electronic Signature of Signing Officer/Director Detail

Date