

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008695

**Entity Name:** CHABAD AT THE CIVIC CENTER, INC.

**Current Principal Place of Business:**

1110 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1110NE 170TH STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number: 20-5614198**

**Certificate of Status Desired: No**

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

KLEIN, YOCHANON  
5701 MARIUS STREET  
CORAL GABLES, FL 33146 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 DP  
Name KLEIN, YOCHANON  
Address 5701 MARIUS STREET  
City-State-Zip: CORAL GABLES FL 33146

Title DVST  
Name KLEIN, ESTER  
Address 5701 MARIUS STREET  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name FELLIG, YAKOV  
Address 3713 MAIN HWY  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name FELLIG, MENACHEM  
Address 1251 HARDEE AVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name SCHAPIRO, SCHNEUR Z  
Address 2040 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

*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: YOCHANON KLEIN**

**DIRECTOR**

**01/03/2013**

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

\_\_\_\_\_  
Date