

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:**1110 NE 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