

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008927

**Entity Name:** LAS OLAS CHABAD JEWISH CENTER, INC.**Current Principal Place of Business:**1302 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**187 FIESTA WAY  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 27-3608221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHANOWITZ, CHAYA M  
187 FIESTA WAY  
FORT LAUDERDALE, FL 33301 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	VP
Name	SLAVATICKI, CHAIM
Address	187 FIESTA WAY
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	MOGILEVSKY, ISRAEL
Address	410 RUTLAND RD
City-State-Zip:	BROOKLYN NY 11203

Title	PTS
Name	SHANOWITZ, CHAYA
Address	187 FIESTA WAY
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	DIRECTOR
Name	BLECHER, LEVI
Address	1277 PRESIDENT STREET
City-State-Zip:	BROOKLYN NY 11213

*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:** CHAIM SLAVATICKI

VP

04/19/2023

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