

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

DOCUMENT# N12000007197

**Entity Name:** CHABAD OF PALM AIRE CORP.

**Current Principal Place of Business:**

2660 N PLAM AIRE DR  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2660 N PALM AIRE DR.  
POMPANO BEACH, FL 33069 US

**FEI Number:** 45-5385254

**Certificate of Status Desired:** No

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

BENJAMINSON, YOM TOV L  
2660 N PALM AIRE DR.  
POMPANO BEACH, FL 33069 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 P  
Name BENJAMINSON, YOM TOV  
Address 4640 NW 74TH PLACE  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name GANSBURG, CHAYA  
Address 7530 LYONS RD  
City-State-Zip: COCONUT CREEK FL 33073

Title DIR  
Name KIEVMAN, MOISHE  
Address 2601 NE 211 TERR  
City-State-Zip: MIAMI FL 33180

Title DIR  
Name BERNSTEIN, BAILA  
Address 7530 LYONS RD  
City-State-Zip: COCONUT CREEK FL 33073

*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:** YOMTOV BENJAMINSON

**DIRECTOR**

**03/04/2019**

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

\_\_\_\_\_  
Date