

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004624

**Entity Name:** CHABAD OF SUNRISE, INC.

**Current Principal Place of Business:**

3457 NW 122ND AVE  
SUNRISE, FL 33323

**Current Mailing Address:**

3457 NW 122ND AVE  
SUNRISE, FL 33323 US

**FEI Number: 46-5658688**

**Certificate of Status Desired: No**

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

THALER, DOV B  
3457 NW 122ND AVE  
SUNRISE, FL 33323 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 D  
Name THALER, DOV B  
Address 3457 NW 122ND AVE  
City-State-Zip: SUNRISE FL 33323

Title D  
Name RUBASHKIN, MENACHEM M  
Address 3207 HURLEY GROVE WAY  
City-State-Zip: VALRICO FL 33596

Title D  
Name CAROLINE, JOEL  
Address 2600 SW 4TH AVENUE  
City-State-Zip: MIAMI FL 33129

Title D  
Name ROSENFELD, MENACHEM MENDEL  
Address 18460 NE 30 CT  
City-State-Zip: AVENTURA FL 33160

*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: DOV BER THALER**

**DIRECTOR**

**01/11/2021**

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

\_\_\_\_\_  
Date