

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002636

**Entity Name:** CHABAD BELIZE, INC.

**Current Principal Place of Business:**

5840 LAKESHORE DR  
APT 112  
DAVIE, FL 33312

**Current Mailing Address:**

5840 LAKESHORE DR  
APT 112  
DAVIE, FL 33312 US

**FEI Number:** 84-3881204

**Certificate of Status Desired:** No

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

MENDEL BELHAMOU, MENAHEM  
5840 LAKESHORE DR  
APT 112  
DAVIE, FL 33312 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 BELHAMOU, MENAHEM MENDEL  
Address 9999 SUMMERBREEZE DR. APT. 913  
City-State-Zip: SUNRISE FL 33322

Title T  
Name YITZCHOK ROTBAN, YOSEF  
Address 9999 SUMMERBREEZE DR. APT. 913  
City-State-Zip: SUNRISE FL 33322

Title S  
Name NAHMIAS, LEVY  
Address 9999 SUMMERBREEZE DR. APT. 913  
City-State-Zip: SUNRISE FL 33322

*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:** MENAHEM BELHAMOU

P

07/22/2024

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

\_\_\_\_\_  
Date