

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

DOCUMENT# N21000000520

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**7307465292CC**

**Entity Name:** CHABAD OF NORMANDY AND BISCAYNE POINT INC.

**Current Principal Place of Business:**

7556 BOUNTY AVE,  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7556 BOUNTY AVE,  
NORTH BAY VILLAGE, FL 33141

**FEI Number: 86-1439550**

**Certificate of Status Desired: No**

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

DALFIN, MENACHEM M  
7556 BOUNTY AVE  
NORTH BAY VILLAGE, FL 33141 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, P  
Name DALFIN, MENACHEM M  
Address 7556 BOUNTY AVE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D, T  
Name DALFIN, CHAYA M  
Address 7556 BOUNTY AVE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title D, S  
Name FISH, BRUCE  
Address 6423 COLLINS AVE.  
1804  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name COHEN, MATTHEW  
Address 1300 SOUTH BISCAYNE POINT ROAD  
City-State-Zip: MIAMI BEACH FL 33141

Title D  
Name SALVER, SETH  
Address 12550 BISCAYNE BLVD  
701  
City-State-Zip: NORTH MIAMI FL 33181

*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: MENACHEM DALFIN**

**DIRECTOR, PRESIDENT**

**01/18/2024**

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

\_\_\_\_\_  
Date