

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

DOCUMENT# N21000010052

**Entity Name:** CHABAD CENTRAL BROWARD INC.

**Current Principal Place of Business:**

6732 SIENNA CLUB PLACE  
LAUDERHILL, FL 33319

**Current Mailing Address:**

6732 SIENNA CLUB PLACE  
LAUDERHILL, FL 33319 US

**FEI Number: 87-2326491**

**Certificate of Status Desired: No**

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

HEIDINGSFELD, SHMUEL  
6732 SIENNA CLUB PLACE  
LAUDERHILL, FL 33319 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 HEIDINGSFELD, SHMUEL  
Address 6732 SIENNA CLUB PLACE  
City-State-Zip: LAUDERHILL FL 33319

Title D, S  
Name MUSKAL, AVROHOM E  
Address 1016 STAGHORN ST  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name DAVIDOFF, SADYA L  
Address 1017 NE 188TH ST  
City-State-Zip: SHORELINE WA 98155

Title CFO  
Name KRAVITSKY, NECHAMA  
Address 6732 SIENNA CLUB PLACE  
City-State-Zip: LAUDERHILL FL 33319

*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: SHMUEL HEIDINGSFELD**

**DIRECTOR**

**02/07/2023**

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

\_\_\_\_\_  
Date