

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90061 048 ****61.25

DOCUMENT # N97000004829

1. Entity Name

L'CHAIM SOCIETY, INC.

Principal Place of Business

Mailing Address

159 COLONIAL ROAD
 STAMFORD CT 06906
 US

~~159 COLONIAL ROAD~~
~~STAMFORD CT 06906~~
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2601 S. Bayshore Drive
 Suite, Apt. #, etc.
Suite 1600

City & State

City & State
Miami, FL 33133

4. FEI Number

65-0805070

Applied For

Not Applicable

Zip

Country

Zip
33133

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZ REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **FELLIG, YAKOV**
 CITY-ST-ZIP **4005 EL PRADO BLVD**
COCONUT GROVE FL 33133

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
 STREET ADDRESS **DEREN, YAKOV**
 CITY-ST-ZIP **57 REVENAH AVENUE**
STAMFORD CT 06905

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DST**
 STREET ADDRESS **DEREN, VIVI**
 CITY-ST-ZIP **57 REVENAH AVENUE**
STAMFORD CT 06905

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yakov Fellig, Vice President* **Yakov Fellig** 5/1/00 305 445-5444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (9/99)