

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-29-2001 90014 047 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004829

1. Entity Name

L'CHAIM SOCIETY, INC.

Principal Place of Business

Mailing Address

159 COLONIAL ROAD
STAMFORD CT 06906
US

2601 S BAYSHORE DR
STE 1600
MIAMI FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0805070

Applied For

Not Applicable

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: ~~DEREN ISRAEL~~ MICHAEL AXMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
~~57 RAVONAH AVE~~ 2601 S. BAYSHORE DR #1600

City: ~~STAMFORD CT~~ MIAMI FL Zip Code: ~~06905~~ 33133

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

6/15/01

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

(NOT: 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: DVP
NAME: FELLIG, YAKOV
STREET ADDRESS: 4005 EL PRADO BLVD
CITY-ST-ZIP: COCONUT GROVE FL 33133 Delete

TITLE: DP
NAME: DEREN, ISRAEL
STREET ADDRESS: 57 RAVONAH AVE
CITY-ST-ZIP: STAMFORD CT 06905 Change Addition

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

TITLE: DST
NAME: DEREN VIVI
STREET ADDRESS: 57 RAVONAH AVE
CITY-ST-ZIP: STAMFORD CT 06905 Change Addition

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

TITLE: DST
NAME: DEREN VIVI
STREET ADDRESS: 57 RAVONAH AVE
CITY-ST-ZIP: STAMFORD CT 06905 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (10/00)