

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # N97000004829  
1. Entity Name

L'Chaim Society, Inc.

**FILED**

01 JUL 11 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 159 Colonial Road, Stamford, CT 06906  
Mailing Address: 3713 Main Highway, Coconut Grove, FL 33133

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country

4. FEI Number: 65-0805070  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  
Axman, Michael B., Esq.  
2601 S. Bayshore Drive  
Suite 1600  
Miami, FL 33133

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (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

TITLE: D/P/T	NAME: Daren, Rabbi Yisrael	STREET ADDRESS: 57 Revenah Avenue	CITY-ST-ZIP: Stamford, CT 06905	<input type="checkbox"/> Delete
TITLE: D/V/P/S	NAME: Daren, Vivi	STREET ADDRESS: 57 Revenah Avenue	CITY-ST-ZIP: Stamford, CT 06905	<input type="checkbox"/> Delete
TITLE: D/A/S	NAME: Schoikheterod, David	STREET ADDRESS: 2230 E. 24th St.	CITY-ST-ZIP: Brooklyn, NY 11229	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Yisrael Deren* Rabbi Yisrael Deren-P June 28, 2001 (203) 324-3779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/80)