

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004829

FILED
Feb 20, 2002 8:00 AM
Secretary of State

Entity Name: L'CHAIM SOCIETY, INC.

Current Principal Place of Business:

159 COLONIAL ROAD
STAMFORD, CT 06906 US

New Principal Place of Business:

Current Mailing Address:

3713 MAIN HIGHWAY
COCONUT GROVE, FL 33133 US

New Mailing Address:

159 COLONIAL ROAD
STAMFORD, CT 06906 US

FEI Number: 65-0805070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AXMAN, MICHAEL B ESQ.
2601 S BAYSHORE PR
1600
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DEREN, RABBI YISROEL
Address: 57 REVENAH AVENUE
City-St-Zip: STAMFORD, CT 06905

Title: DVPS () Delete
Name: DEREN, VIVI
Address: 57 ROVONA AVENUE
City-St-Zip: STAMFORD, CT 06905

Title: DAS () Delete
Name: SCHOIKHETEROD, DAVID
Address: 2230 E. 26TH STREET
City-St-Zip: BROOKLYN, NY 11229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: DEREN, RABBI YISROEL
Address: 57 REVENAH AVENUE
City-St-Zip: STAMFORD, CT 06905

Title: DS (X) Change () Addition
Name: DEREN, VIVI
Address: 57 ROVONA AVENUE
City-St-Zip: STAMFORD, CT 06905

Title: DP (X) Change () Addition
Name: SCHOIKHETEROD, DAVID
Address: 2230 E. 26TH STREET
City-St-Zip: BROOKLYN, NY 11229

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: YISROEL DEREN

_____ Electronic Signature of Signing Officer or Director

DVT

02/20/2002

_____ Date