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.

PRESIDENT

SIGNATURE: TZVI H BRONSTEIN

#### DOCUMENT# N13000010093

Entity Name: THE CHAI CENTER FOR JEWISH LIFE INC

#### **Current Principal Place of Business:**

5761 CORAL RIDGE DR CORAL SPRINGS, FL 33076

#### **Current Mailing Address:**

5761 CORAL RIDGE DR CORAL SPRINGS. FL 33076 US

### FEI Number: 46-4126349

# Name and Address of Current Registered Agent:

BRONSTEIN, TZVI H 5551 NW 125TH TER CORAL SPRINGS, FL 33076 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

## **Officer/Director Detail :**

Title	Р	Title	VP
Name	BRONSTEIN, TZVI H	Name	BRONSTEIN, CHANA
Address	5551 NW 125TH TER	Address	5551 NW 125TH TER
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33076
Title	VP		
Title Name	VP BRONSTEIN, STERNA		

Certificate of Status Desired: No

Date

01/10/2014

FILED Jan 10, 2014 Secretary of State CC3172111726

Electronic Signature of Signing Officer/Director Detail

Date