

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004945

1. Entity Name

CHAI LIFELINE INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90158 011 *****61.25

Principal Place of Business

1140 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1140 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
11-2940331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEISS, ELLEN
17611 NE 7TH AVENUE
MIAMI FL 33162

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SCHOLAR, STEVEN
1523 EAST 13TH STREET
BROOKLYN NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COHEN, AVROHOM
134 W. CARANETTA
LAKEWOOD NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERGER, MECHER
3386 FAIRWAY ROAD
OCEANSIDE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERTRAM, SHIMMY
1542 54TH STREET
BROOKLYN NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRILL, MENDEL
4251 BEDFORD AVE
BROOKLYN NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHN, GLEN
1368 39TH STREET
BROOKLYN NY ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 the 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 REQUIRED COHEN 1/22/2002 2124651300

CR2E037 (9/01)