2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # N0000008365 1. Entity Name 05-15-2001 90090 017 ****61.25 CHAI JUDAIC LIBRARY INCORPORATED Mailing Address Principal Place of Business 17100 COLLINS AVE STE 212 00004585 17100 COLLINS AVE STE 212 SUNNY ISLE BEACH FL 33160 SUNNY ISLE BEACH FL 33160 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State ✓ Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARON, ISRAEL Street Address (P.O. Box Number is Not Acceptable) 17100 COLLINS AVE STE 212 SUNNY ISLE BEACH FL 33160 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (10/00)TITLE Change ☐ Delete NAME NAME BARON, ISREAL STREET ADDRESS **CR2E037** STREET ADDRESS 17100 COLLINS AVE STE 212 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLE BEACH FL 33160 Addition TITLE Change ☐ Delete TITLE NAME NAME BARON, ISAAC STREET ADDRESS STREET ADDRESS 17100 COLLINS AVE STE 212 CITY-ST-ZIP CITY-ST-71P SUNNY ISLE BEACH FL 33160 Change Addition ☐ Delete TITLE NAME DALFIN, FAIVISH NAME STREET ADDRESS STREET ADDRESS 17100 COLLINS AVE STE 212 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLE BEACH FL 33160 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oatly 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, withall other like empowered.

3/15/01

305-949-5626