

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90089 014 \*\*\*\*61.25

0022831

**DOCUMENT # 705561**

1. Entity Name

**THE HEBREW HOME FOR THE AGED OF MIAMI BEACH, INC**

Principal Place of Business

Mailing Address

**320 COLLINS AVE.  
 MIAMI FL 33139-6903**

**320 COLLINS AVE.  
 MIAMI FL 33139-6903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0825837**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUBKOFF, WILLIAM DR.  
 320 COLLINS AVE.  
 MIAMI FL 33139**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD ZUBKOFF, WILLIAM DR.**  
 STREET ADDRESS **2. S. HIBISCUS DR.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**SD SCHWARTZ, FELICE**  
 STREET ADDRESS **600 ALTON RD.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**TD KALUS, ELLIOT**  
 STREET ADDRESS **20500 W. OCUNTRY CLUB DR.**  
 CITY-ST-ZIP **AVENTURA FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D GALBUT, RUSSELL**  
 STREET ADDRESS **320 COLLINS AVE.**  
 CITY-ST-ZIP **MIAMI FL 33139-6903**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**C GALBUT, RUSSELL W**  
 STREET ADDRESS **5801 COLLINS AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 6, 2002* Date *3058681830* Distinguishing #

CR2E037 (9/01)