

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90180 023 ****61.25

DOCUMENT # 705561
1. Entity Name
HEBREW HOMES OF MIAMI BEACH, INC.



Principal Place of Business
**320 COLLINS AVE.
MIAMI FL 33139-6903**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0825837**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 lists empowered.

SIGNATURE: *[Handwritten Signature]* **REQUIRED**

04/08/03

CR2E037 (10/02)