

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764217

1. Entity Name

HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90092 001 ***245.00

Principal Place of Business

Mailing Address

NG. INCORPORATED
 320 COLLINS AVENUE
 MIAMI BEACH FL 33139

NG. INCORPORATED
 320 COLLINS AVENUE
 MIAMI BEACH FL 33139-6303

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



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
2 S HIBISCUS DR
MIAMI BEACH 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

William Zubkoff

02/29/00

Signature, typed or printed name of registered agent and title, 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	V	<input type="checkbox"/> Delete
NAME	GALBUT, HYMAN	
STREET ADDRESS	4470 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZUBKOFF, WILLIAM	
STREET ADDRESS	2 SOUTH HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KALUS, ELLIOT	
STREET ADDRESS	20500 W. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKSON, MARSHALL H	
STREET ADDRESS	111 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROTH, IRWIN	
STREET ADDRESS	138 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

William Zubkoff

02/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)