

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90196 029 \*\*\*\*61.25

**DOCUMENT # N00000005238**

1. Entity Name

**HEBREW HOME OF NORTH DADE, INC.**

Principal Place of Business

Mailing Address

**1800 N.E. 168TH STREET  
 N. MIAMI BEACH FL 33162**

**300 71ST STREET  
 SUITE 445  
 MIAMI BEACH FL 33141**

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

**65-1040912**

Applied For

Not Applicable

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  
 300 71ST STREET  
 445  
 MIAMI BEACH FL 33141**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GALBUT, RUSSELL</b>
STREET ADDRESS	<b>300 71ST STREET, STE 445</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ZUBKOFF, WILLIAM</b>
STREET ADDRESS	<b>300 71ST STREET, STE 445</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, FELICE</b>
STREET ADDRESS	<b>300 71ST STREET, STE 445</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KALUS, ELLIOT</b>
STREET ADDRESS	<b>300 71ST STREET, STE 445</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33314-1</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 6, 2002* **3058681830**

Date

Daytime Phone #

CR2E037 (9/01)