

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90192 007 ****61.25

DOCUMENT # N00000005238

1. Entity Name
HEBREW HOME OF NORTH DADE, INC.



Principal Place of Business
**1800 N.E. 169TH STREET
N. MIAMI BEACH FL 33162**

Mailing Address
**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



CHECK HERE IF MAKING CHANGES

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

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

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

CR2E037 (10/02)