
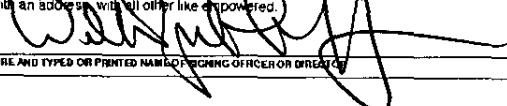


000J0440

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

DOCUMENT # N00000005250					
1. Entity Name HEBREW HOMES MANAGEMENT SERVICES, INC.					
Principal Place of Business 320 COLLINS AVE MIAMI BEACH, FL 33139			Mailing Address 320 COLLINS AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1040928	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUBKOFF, WILLIAM 320 COLLINS AVE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent		
			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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when eliminating.)</small> DATE _____					
FILE NOW! FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
D GALBUT, RUSSELL					
320 COLLINS AVE					
MIAMI BEACH, FL 33139					
D ZUBKOFF, WILLIAM					
320 COLLINS AVE					
MIAMI BEACH, FL 33139					
D SCHWARTZ, FELICE					
320 COLLINS AVE					
MIAMI BEACH, FL 33139					
D KALUS, ELLIOT					
320 COLLINS AVE					
MIAMI BEACH, FL 33139					
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: 			Date: Apr. 15, 2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CR2037 (10/02)