

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005249

**Entity Name:** HEBREW HOMES CAPTIVE SERVICES, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD  
STE 1400  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BLVD  
STE 1400  
MIAMI, FL 33137 US

**FEI Number:** 65-1040931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD  
STE 1400  
MIAMI, FL 33137 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name GALBUT, ABRAHAM A  
Address 4770 BISCAYNE BLVD, STE 1400  
City-State-Zip: MIAMI FL 33137

Title VP, SECRETARY  
Name GALBUT, DANIEL  
Address 1800 NE 168 STREET  
SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR, VP  
Name LOWY, RONALD S  
Address 1800 N.E. 168TH STREET  
SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR  
Name WASSERMAN, MARTIN W.  
Address 1800 NE 168TH STREET  
SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162  
  
Title DIRECTOR, VP  
Name BLOOM, ELAINE  
Address 1800 N.E. 168TH STREET  
STE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABRAHAM A. GALBUT

**PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date