## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 705561** 

Entity Name: HEBREW HOMES OF MIAMI BEACH, INC.

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

320 COLLINS AVE. MIAMI, FL 331396903

Current Mailing Address: New Mailing Address:

320 COLLINS AVE. MIAMI, FL 331396903

FEI Number: 59-0825837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ZUBKOFF, WILLIAM DR. 320 COLLINS AVE. MIAMI, FL 33139 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:

Floring is Cingature of Designature of Argust

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition

 Title:
 PD () Delete
 Title:
 PD (X) Change (

 Name:
 ZUBKOFF, WILLIAM DR.
 Name:
 ZUBKOFF, WILLIAM DR.

 Address:
 2. S. HIBISCUS DR.
 Address:
 320 COLLINS AVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SCHWARTZ, FELICE
 Name:
 SCHWARTZ, FELICE

 Address:
 600 ALTON RD.
 Address:
 320 COLLINS AVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 KALUS, ELLIOT
 Name:
 KALUS, ELLIOT

 Address:
 20500 W. OCUNTRY CLUB DR.
 Address:
 320 COLLINS AVE

 City-St-Zip:
 AVENTURA, FL
 City-St-Zip:
 MIAMI BEACH, FL 33139

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 GALBUT, RUSSELL
 Name:
 GALBUT, RUSSELL

 Address:
 320 COLLINS AVE.
 Address:
 320 COLLINS AVE.

 City-St-Zip:
 MIAMI, FL 331396903
 City-St-Zip:
 MIAMI, FL 331396

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RUSSELL GALBUT D 04/25/2004