

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764217 (6)

1. Corporation Name

HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN  
CORPORATED

Principal Place of Business

NG. INCORPORATED  
320 COLLINS AVENUE  
MIAMI BEACH FL 33139

Mailing Address

NG. INCORPORATED  
320 COLLINS AVENUE  
MIAMI BEACH FL 33139-6903



3. Date Incorporated or Qualified  
07/19/1982

3a. Date of Last Report  
07/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
59-0825837

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZUBKOFF, WILLIAM DR  
2 S HIBISCUS DR  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name, of registered agent acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME GALBUT, HYMAN  
STREET ADDRESS 4470 PINE TREE DR  
CITY-ST-ZIP MIAMI BEACH FL

TITLE C ☐ DELETE  
NAME GALBUT, RUSSELL  
STREET ADDRESS 5601 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BCH. FL

TITLE P ☐ DELETE  
NAME ZUBKOFF, WILLIAM  
STREET ADDRESS 2 SOUTH HIBISCUS DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE T ☐ DELETE  
NAME KALUS, ELLIOT  
STREET ADDRESS 20500 W. COUNTRY CLUB DR.  
CITY-ST-ZIP AVENTURA FL

TITLE VD ☐ DELETE  
NAME WINAWER, HANNAH  
STREET ADDRESS 6770 INDIAN CREEK DR.  
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE  
NAME ROTH, IRWIN  
STREET ADDRESS 138 N.E. 2ND AVENUE  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)