

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26945

FILED
Jan 17, 2003
Secretary of State

Entity Name: THE JEWISH CHARITY AND ELDERLY HOUSING FUND, INC.

Current Principal Place of Business:

C/O RUSSELL GALBUT
999 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O RUSSELL GALBUT
999 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0076270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBUT ESQ, ABRAHAM A
999 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALBUT, HYMAN P.,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL

Title: SD () Delete
Name: GALBUT, ROBERT N.,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL

Title: TD () Delete
Name: GALBUT, DAVID L.,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL

Title: VP () Delete
Name: GALBUT, ABRAHAM A.,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: GALBUT, RUSSELL W.,
Address: 999 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABRAHAM GALBUT

VP

01/17/2003

Electronic Signature of Signing Officer or Director

_____ Date