

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 022 ****61.25

DOCUMENT # **713394**

1. Entity Name
HYDE PARK TOWERS

Principal Place of Business Mailing Address
1801 S Ocean Drive **Same**
Hollywood FL 33019

2. Principal Place of Business 3. Mailing Address
Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

950350
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-1209074** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Charna Glasser
1801 S Ocean Drive #401
Hollywood FL 33019

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.

SIGNATURE **Charna Glasser, Treasurer** **3/22/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!
FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARIO MANNA #505	
STREET ADDRESS	as above	
CITY-ST-ZIP		
TITLE	V. PRES	<input type="checkbox"/> Delete
NAME	GENE PRINCIPE #605	
STREET ADDRESS	as above	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	CHARNA GLASSER #707	
STREET ADDRESS	as above	
CITY-ST-ZIP		
TITLE	Harry La Mantia	<input type="checkbox"/> Delete
NAME	Director #706	
STREET ADDRESS	as above	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Ellen Marone #204	
STREET ADDRESS	as above	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Linda Sella #608	
STREET ADDRESS	as above	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	#708	
STREET ADDRESS	Burice Pachyjanec	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Charna Glasser** **CHARNA GLASSER, TREAS** **3/22/00** **305-556-3367**

CR2E037 (9/99)