

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90005 004 ****61.25

0033014

DOCUMENT # 713394

1. Entity Name

HYDE PARK TOWERS, INC.

Principal Place of Business

Mailing Address

1801 S. OCEAN DR.
 HOLLYWOOD FL 33019

1801 S. OCEAN DR.
 HOLLYWOOD FL 33019

920348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1209074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASSER, CHARNA *APT 401*
 1801 S OCEAN DR SUITE ~~603~~ *401*
 HOLLYWOOD FL 33019

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNA, MARIO	
STREET ADDRESS	1801 S OCEAN DR SUITE 603	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRINCIPE, E.	
STREET ADDRESS	1801 SOUTH OCEAN DRIVE, APT. 605	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	PALEIAS, LINDA	
STREET ADDRESS	1801 S OCEAN DR SUITE 603	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PD DIRECTOR	<input type="checkbox"/> Delete
NAME	GLASSER, CHARNA	
STREET ADDRESS	1801 S OCEAN DRIVE SUITE 401	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, AL	
STREET ADDRESS	1801 SOUTH OCEAN DRIVE, APT. 403	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO-MANNA	
STREET ADDRESS	1801 SO OCEAN DR APT 505	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNICE INHABER	
STREET ADDRESS	1801 SO OCEAN DR APT 708	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARNA GLASSER	
STREET ADDRESS	1801 SO OCEAN DR APT 401	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY IACOMETTA	
STREET ADDRESS	1801 SO OCEAN DR APT 506	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSÉ DELAMAZA	
STREET ADDRESS	1801 SO OCEAN DR APT 205	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA PALEIAS	
STREET ADDRESS	1801 SO OCEAN DR APT 608	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

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 information.

SIGNATURE: *Bernice Inhaber, Treasurer*

BERNICE INHABER 2/09/01 954-920-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)