

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-15-2002 90189 007 ****61.25

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

39765

2. Principal Place of Business

3. Mailing Address

1801 S. OCEAN DR

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FL

FL

4. FEI Number

59-1209074

Applied For

Not Applicable

Zip

Country

Zip

Country

33019

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GLASSER, CHARNA~~ **ANTHONY IACOMETTA**
 1801 S OCEAN DR SUITE 603
 HOLLYWOOD FL 33019

Name

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

City

FL

Zip Code 33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANTHONY IACOMETTA** **TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/02

After September 13, 2002,
 min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY IACOMETTA GLASSER 1801 S OCEAN DR. Hollywood FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLEN MARMEL GLASSER 1801 S Ocean Dr Hollywood FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN DISTELLIO GLASSER 1801 S Ocean Dr Hollywood FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ANTHONY IACOMETTA** **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

7/9/02

Date

Daytime Phone #

CR2037 (4/02)