

2001 UNIFORM BUSINESS REPORT (UBR)

0033208

DOCUMENT # N07123

1. Entity Name

HIP FLORIDA HOLDINGS, INC.

Principal Place of Business

300 SOUTH PARK ROAD
FOURTH FLOOR
HOLLYWOOD FL 33021
US

Mailing Address

300 SOUTH PARK ROAD
FOURTH FLOOR
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3251 Hollywood Boulevard

3. Mailing Address

3251 Hollywood Boulevard

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 401

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

US

Zip

33021

Country

US

4. FEI Number

59-2552016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, GERALD M ESQ
300 SOUTH PARK ROAD
4TH FLOOR
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

4/30/01

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

TITLE NAME	PD MCGOWAN, DANIEL T	<input type="checkbox"/> Delete
STREET ADDRESS	HIP 7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE NAME	C WATSON, ANTHONY L	<input type="checkbox"/> Delete
STREET ADDRESS	HIP - 7 W 34TH ST	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE NAME	DVC JOHNSTON, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1301 N. HARRISON ST., STE 68	
CITY-ST-ZIP	PRINCETON NJ 08540-3512	
TITLE NAME	D NEECK, BERNARD J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	224 EDSALL TERR	
CITY-ST-ZIP	PEARL RIVER NY 10965	
TITLE NAME	D PERRAUD, ROBERT D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7960 NW 4TH PL	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE NAME	D SCARLATOS, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	25 CLIFF ST	
CITY-ST-ZIP	NEW YORK NY 10038	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	CD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VP D S
STREET ADDRESS	Fullwood, Michael D.
CITY-ST-ZIP	HIP - 7 West 34th St. New York, NY 10001
TITLE NAME	Assistant Secretary
STREET ADDRESS	Williams G. Lewis
CITY-ST-ZIP	HIP - 7 West 34th St. New York, NY 10001
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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-05/10/01--01/21--01A
*****70.00 *****70.00

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:

Williams G. Lewis

Williams G. Lewis 4/27/2001 212 630-8223

CR2E037 (10/00)