2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000112107 DOCUMENT

1. Entity Name

SIGNATURE:

HYDÉ PARK HISTORICAL RESTORATION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90066 030 ***150.00

Principal Place of Business 121 W FETCHER AR 12892 2. Principal Place of Business Suite, Apr. #, etc. Check Here is Making Address						OD WE 1						
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City & State Country	2. Principal Place of Business			3. Mailing Address					<u> </u>	1	4	
City & State Country Zip Country Sip Country Signature Status Desired Se. 7.5 Additional Fee Required Sec. 7.	Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of	City & State			City & State			4.	NOT APPLICABLE				
MACHSON, DAVID 10720 AVENIDA SANTA ANNA BOCA RATON FL 33498 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and sie if applicable. Signature. typed or printed pane of registered agent and sie if applicable. (NOTE. Registered Agent signature inquired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable is Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME NAM	Zip		Country	Zìp		Country	5.	Certificate of Status Desired				
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12. I hereby certify that the information supplied with this filling 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 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		*	a information supplies	Lwith this filing	does not qualify f	or the exemption stated	in Section	n 119.07(3)(i), Florida Statutes, I fu	rther certi	fy that the	information	
indicated on this report or supplemental report is true and accurate and infart my signature shall have the same report each, which are the control of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.	12. I hereby o	certify that th	e intormation supplied	awin una ming	nonureta and ab -	my cianature chall have	the came	e legal effect as if made under oat	n: that I ar	n an office	r or director	