

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90008 018 ***558.75

DOCUMENT # P94000088954

1. Entity Name

HIP ADMINISTRATORS OF FLORIDA, INC.

Principal Place of Business

**3251 HOLLYWOOD BLVD.
STE. 401
HOLLYWOOD FL 33021
US**

Mailing Address

**3251 HOLLYWOOD BLVD.
STE. 401
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0545416

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
NAME **WATSON, ANTHONY L**
STREET ADDRESS **HIP - 7 W 34TH ST**
CITY-ST-ZIP **NEW YORK NY 10010**TITLE **DV** ☐ Change ☒ Addition
NAME **John H. Steber**
STREET ADDRESS **HIP - 7 West 34th St.**
CITY-ST-ZIP **New York, NY 10001**TITLE **D** ☒ Delete
NAME **ABERNETNY, DAVID**
STREET ADDRESS **HIP- 3251 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **D** ☐ Change ☒ Addition
NAME **Leslie Strassberg**
STREET ADDRESS **HIP - 7 West 34th St.**
CITY-ST-ZIP **New York, NY 10001**TITLE **DVC** ☒ Delete
NAME **JOHNSTON, CHARLES**
STREET ADDRESS **1301 N. HARRISON ST, STE 68**
CITY-ST-ZIP **PRINCETON NJ 08540-3512**TITLE **D** ☐ Change ☒ Addition
NAME **Peter Scarlatos**
STREET ADDRESS **USA Local 831 - 25 Cliff St.**
CITY-ST-ZIP **New York, NY 10038**TITLE **DP** ☒ Delete
NAME **MCGOWAN, DANIEL T**
STREET ADDRESS **HIP - 7 WEST 34TH ST**
CITY-ST-ZIP **NEW YORK NY 10001**TITLE **D** ☐ Change ☒ Addition
NAME **Thomas McAteer**
STREET ADDRESS **VYTRA - 395 North Service Road**
CITY-ST-ZIP **Melville, NY 11747**TITLE **DST** ☒ Delete
NAME **FULLWOOD, MICHAEL D**
STREET ADDRESS **HIP - 7 WEST 34TH ST**
CITY-ST-ZIP **NEW YORK NY 10001**TITLE **Asst. S** ☐ Change ☒ Addition
NAME **Williams G. Lewis**
STREET ADDRESS **HIP - 7 West 34th Street**
CITY-ST-ZIP **New York, NY 10001**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Williams G.. Lewis 212 630-8223 07/22/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)