

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90157 021 ***150.00

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

4. FEI Number **65-0545416**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
STEBER, JOHN H
HIP - 7 W 34TH ST
NEW YORK NY 10001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
WATSON, ANTHONY L.
HIP - 7W 34th ST.
NEW YORK, NY 10010** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STRASSBERG, LESLIE
HIP - 7 WEST 34TH ST.
NEW YORK NY 10001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABERNETHY, DAVID
HIP-3251 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCARLATOS, PETER
USA LOCAL 831 - 25 CLIFF ST.
NEW YORK NY 10038** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCGOWAN, DANIEL T
HIP-7 WEST 34th ST
NEW YORK, NY 10001** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCATEER, THOMAS
VYTRA - 395 NORTH SERVICE ROAD
MELVILLE NY 11747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
FULLWOOD, MICHAEL D
HIP - 7 WEST 34th ST.
NEW YORK, NY 10001** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WILLIAMS, LEWIS G
HIP - 7 WEST 34TH STREET
NEW YORK NY 10001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

212-670-8223

Daytime Phone #

CR2E034 (10/02)

067995
FP