

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000010713

1. Entity Name

HPH REALTY CORP.



FILED

Feb 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
2901 S. OCEAN BLVD.
PENTHOUSE SUITE
HIGHLAND BEACH FL 33487

Mailing Address
C/O MORTON I. KALB
165 EAST 66TH STREET
NEW YORK NY 10021



MOORE CR2E034 (11/03)

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 65-0650109

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

POLLY, HARVEY
2901 S. OCEAN BLVD.
PENT HOUSE
HIGHLAND BEACH FL 33487

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, 2004 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 D ☐ Delete
NAME POLLY, HARVEY
STREET ADDRESS 2901 S. OCEAN BLVD. (P.H.)
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition
NAME 000000044042
STREET ADDRESS 02/11/04-80004-025 150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KALB, MORTON I
STREET ADDRESS 165 EAST 66TH ST.
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Morton I. Kalb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6 2004

(212) 737-2611
Date Daytime Phone #