

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90671 007 \*\*\*158.75

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**DOCUMENT # P98000028175**  
 1. Entity Name  
**CCH HYDE PARK I, INC.**

Principal Place of Business Mailing Address  
**4243 NORTHLAKE BLVD.** **4243 NORTHLAKE BLVD.**  
**SUITE D** **SUITE D**  
**PALM BEACH GARDENS FL 33410** **PALM BEACH GARDENS FL 33410**

**A0038444**



DO NOT WRITE IN THIS SPACE

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 **65-0823305** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAROT, DILIP**  
**4243 NORTHLAKE BLVD.**  
**SUITE D**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BAROT, DILIP	
STREET ADDRESS	4243 NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WEIR, JOHN F	
STREET ADDRESS	4243 NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHEAT, TIMOTHY P	
STREET ADDRESS	4243 NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAKKAR, YASHPAL	
STREET ADDRESS	4243-D NORTHLAKE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4243 Northlake Blvd, Ste. D	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4243 Northlake Blvd, Ste. D	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4243 Northlake Blvd, Ste. D	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Yash Pal Kalkar, Secretary**  
 Date **3-09-01** Daytime Phone # **561-627-7988**

CR2E034 (10/00)