

**2000 UNIFORM BUSINESS REPORT (UBR)**

150.00

DOCUMENT # **A98000002819**

1. Entity Name  
**HIDDEN GROVE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB - 1 AM 8:17

Principal Place of Business  
**1460 BRICKELL AVE., STE. 309  
MIAMI FL 33131**

Mailing Address  
**1460 BRICKELL AVE., STE. 309  
MIAMI FL 33131 3437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**300 NW 12 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**300 NW 12 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **APPLIED FOR**  
**65-0884444**

Applied For  
Not Applicable

Zip **33128** Country **USA**

Zip **33128** Country **USA**

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**

**WASHINGTON, LYNN C  
C/O HOLLAND & KNIGHT LLP  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131**

Name **SALVATORE MARTORANO**

Street Address (P.O. Box Number is Not Acceptable)

**300 NW 12 AVENUE**

City **MIAMI** FL Zip Code **33128**

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 *Salvatore Martorano* **SALVATORE MARTORANO** \$ **1-28-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$101.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$101.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P98000105651**  
NAME **GMN-HIDDEN, INC.**  
STREET ADDRESS **1460 BRICKELL AVE., STE. 309**  
CITY - ST - ZIP **MIAMI FL 33131**

STREET ADDRESS **300 NW 12 AVE.**  
CITY - ST - ZIP **MIAMI, FL 33128**

DOCUMENT # **P98000105642**  
NAME **SDRC-HIDDEN, INC.**  
STREET ADDRESS **7800 S.W. 57TH AVE., STE. 133**  
CITY - ST - ZIP **SOUTH MIAMI FL 33143**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT # **P98000105649**  
NAME **ANI-HIDDEN, INC.**  
STREET ADDRESS **2665 S. BAYSHORE DRIVE, SUITE 202**  
CITY - ST - ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS **500003123975--4**  
CITY - ST - ZIP **-02/04/00--01049--001**  
**\*\*\*\*748.75 \*\*\*\*150.00**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Salvatore Martorano* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1-27-2000** **305 324 5305**  
Date Daytime Phone #

X 113