

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000508

1. Entity Name  
THE HIDDEN PLACE, L.L.C.

FILED

00 JAN 12 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1092 SW 27 AVE.  
MIAMI FL 33135

Mailing Address

1092 SW 27 AVE.  
MIAMI FL 33135-4634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0753819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERO-PEDREGAL, LUIS  
2152 SW 12TH STREET  
MIAMI FL 33135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS GOMEZ, JOSE  
CITY- ST- ZIP 2152 SW 12TH STREET  
MIAMI FL 33135 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003103733--3  
CITY- ST- ZIP -01/20/00--01014--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM  
STREET ADDRESS RIVERO-PEDREGAL, LUIS  
CITY- ST- ZIP 2152 SW 12TH STREET  
MIAMI FL 33135 ☐ Delete

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

TITLE NAME ☐ Delete  
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CITY- ST- ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)