

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001112

1. Entity Name

HIDDEN BAY MASTER ASSOCIATION, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90375 022 \*\*\*\*61.25

UN4141

Principal Place of Business

3370 N.E. 190TH ST.  
AVENTURA FL 33180

Mailing Address

3370 N.E. 190TH ST.  
AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

c/o DCI

Suite, Apt. #, etc.

2035 Harding Str., Suite 200

City & State

City & State

Hollywood, FL 33020-2797

Zip

Country

Zip

Country

4. FEI Number

65-0986042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHNEIDERMAN, MITCHELL  
3370 N.E. 190TH ST.  
AVENTURA FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME COLLINS, JOHN  
STREET ADDRESS 2990 S. ATLANTIC BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE DVS ☐ Delete  
NAME UANINO, ANTHONY  
STREET ADDRESS 922 LEMON RD.  
CITY-ST-ZIP S. DAYTONA FL 32119

TITLE TD ☐ Delete  
NAME SCHNEIDERMAN, MITCHELL  
STREET ADDRESS 3370 N.E. 190TH ST.  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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 617, 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:

*Mitchell Schneiderman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

973-467-4300

Daytime Phone #

CR2E037 (10/00)