

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011321

1. Entity Name

HIDDEN BAY RESALES, INC.

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 029 ***550.00

Principal Place of Business

3390 NE 190TH ST
#408
AVENTURA FL 33180
US

Mailing Address

3390 NE 190TH ST
#408
AVENTURA FL 33180
US

2. Principal Place of Business

18753 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address

18753 Biscayne Blvd
Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0574749

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLODNY, MICHAEL
2000 W COMMERCIAL BOULEVARD
SUITE 232
FT. LAUDERDALE FL 33309

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME SPIEGELMAN, PHILLIP
STREET ADDRESS 3390 NORTHEAST 190TH ST
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE VP
NAME STUDNICKY, CRAIG
STREET ADDRESS 3390 NORTHEAST 190TH ST
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Philip J. Spiegelman
STREET ADDRESS 18753 Biscayne Blvd.
CITY-ST-ZIP Aventura, Florida 33180 ☐ Change ☐ Addition

TITLE Vice President
NAME Craig S. Studnick
STREET ADDRESS 18753 Biscayne Blvd.
CITY-ST-ZIP Aventura, Florida 33180 ☐ Change ☐ Addition

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

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

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

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

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

7-17-00 (305) 931-6511
Date Daytime Phone #

CR2E034 (5/00)