

AMENDED

FILED

03 OCT 23 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ~~P950000477~~ **P95000095177**

1. Entity Name

HIDDEN LAKE GROUP, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
12700 SW 128 STREET

3. Mailing Address  
12700 SW 128 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0731113

Applied For  
Not Applicable

Zip  
33186

Country

Zip  
33186

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

*MRS*

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CORPORATE INTERNAT. REG. AGENTS, INC.

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

200 S BISCAYNE BOULEVARD, #4100

City MIAMI

FL

Zip Code  
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Betsy Parenti, Vice President*

10/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVP/S/D  
ANGEL R. MACARIO  
12700 SW 128 STREET, MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

~~11-04-03-01040-002~~

TITLE  
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CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

(305) 577 4754

Daytime Phone #

CR2E034B (12/02)