

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90049 004 ***150.00

DOCUMENT # P98000105642

1. Entity Name

SDRC-HIDDEN, INC.

Principal Place of Business

Mailing Address

**7800 S.W. 57TH AVE., STE. 133
 S. MIAMI FL 33143**

**7800 S.W. 57TH AVE., STE. 133
 S. MIAMI FL 33143-5523**

80021497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7800 SW 57th Ave STE 213

3. Mailing Address

7800 SW 57th Ave

Suite, Apt. #, etc.

Suite 213

Suite, Apt. #, etc.

213

City & State

South Miami, FLA.

City & State

South Miami

4. FEI Number

65-0884342

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33143

Country

US

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

6. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C
 701 BRICKELL AVE.
 MIAMI FL 33131**

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GOODE, R. RAY 7800 S.W. 57TH AVE., STE. 133 S. MIAMI FL 33143 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GOODE, R. RAY 7800 SW 57 Ave. STE 213 South Miami, FLA. 33143 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STOKES, BILL 7800 S.W. 57TH AVE., STE. 133 S. MIAMI FL 33143 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STOKES, BILL 7800 SW 57 Ave. STE 213 South Miami, FLA. 33143 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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

Date

Daytime Phone #

1-31-00

CR2E034 (9/99)