

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90280 029 ***158.75

DOCUMENT # P98000105642

1. Entity Name

SDRC-HIDDEN, INC.

Principal Place of Business

Mailing Address

**300 NW 12TH AVENUE
MIAM FL 33128**

**300 NW 12TH AVENUE
MIAM FL 33128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0884342**

Applied For

Not Applicable

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

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

MARTORANO, SAL

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

300 N.W. 12th AVE

City

MIAMI

FL

Zip Code

33128

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, 2001 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	C GOODE, R. RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7800 SW 57 AVE. STE. 213	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE NAME	V STOKES, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7800 S.W. 57 AVE. STE. 213	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P DOMINGUEZ, AGUSTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300 N.W. 12th AVE	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE NAME	TV MARTORANO, SAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300 N.W. 12th AVE	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE NAME	V RALEY, CLAIRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300 N.W. 12th AVE	
CITY-ST-ZIP	MIAMI, FL. 33128	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

2/26/01

Date

305 304 5540

Daytime Phone If

CR2E034 (10/00)