

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105649

1. Entity Name

ANI-HIDDEN, Inc.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90164 002 \*\*\*158.75

Principal Place of Business

2665 S. Bayshore Dr.  
Ste 202  
Coconut Grove, FL 33133

Mailing Address

2665 S. Bayshore Dr.  
Ste 202  
Coconut Grove, FL 33133

2. Principal Place of Business

9400 S. Dadeland Blvd.  
Suite, Apt. #, etc.  
Suite 100

3. Mailing Address

9400 S. Dadeland Blvd.  
Suite, Apt. #, etc.  
Suite 100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0905046

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

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!! FEES \$150.00  
ANY MAY 1, 2001 2:00 PM WILL BE \$50.00  
Make Offer Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DC  
NAME wolfson, Lewis III  
STREET ADDRESS 2665 S. Bayshore Dr. Ste 202  
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Delete

TITLE PD  
NAME Wohl, Michael D  
STREET ADDRESS 2665 S. Bayshore Dr. Ste 202  
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Delete

TITLE SDT  
NAME Deutch, David O.  
STREET ADDRESS 2665 S. Bayshore Dr. Ste 202  
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ 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 DC ☒ Change ☐ Addition  
NAME wolfson, Lewis III  
STREET ADDRESS 9400 S. Dadeland Blvd. Ste 100  
CITY-ST-ZIP Miami, FL 33156

TITLE PD ☒ Change ☐ Addition  
NAME Wohl, Michael D.  
STREET ADDRESS 9400 S. Dadeland Blvd. Ste 100  
CITY-ST-ZIP Miami, FL 33156

TITLE SDT ☒ Change ☐ Addition  
NAME Deutch, David O  
STREET ADDRESS 9400 S. Dadeland Blvd. Ste 100  
CITY-ST-ZIP Miami, FL 33156

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

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

Michael D. Wohl 4/11/01 (305) 834 7100  
Date Daytime Phone #

CR2E034 (11/00)