

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90197 025 ****70.00

DOCUMENT # N00000000299

1. Entity Name

GMN CENTRAL FLORIDA, INC.

Principal Place of Business

**300 N.W. 12TH AVE.
 MIAMI FL 33128**

Mailing Address

**300 N.W. 12TH AVE.
 MIAMI 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

65-0983106

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C
 C/O HOLLAND & KNIGHT
 701 BRICKELL AVE., STE. 2800
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

**Name MARTORANO, SAL
 Street Address (P.O. Box Number is Not Acceptable)
 300 NW 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

SAL MARTORANO

1/26/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD DOMINGUEZ, AGUSTIN
STREET ADDRESS	300 N.W. 12TH AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MD MARTORANO, SAL
STREET ADDRESS	300 N.W. 12TH AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD SIBLEY, RUSSEL
STREET ADDRESS	300 NW 12TH AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD RALEY, CLAIRE
STREET ADDRESS	300 NW 12TH AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAL MARTORANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001
 Date

305-324-5505
 Daytime Phone #

CR2E037 (10/00)