

5/15

FILED

Jun 20, 2001 8:00 am  
Secretary of State

05-15-2001 90056 043 \*\*\*\*70.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004125

1. Entity Name

GMN ENTERPRISE COMMUNITIES, INC.

Principal Place of Business

300 NW 12TH AVE  
MIAMI FL 33128

Mailing Address

300 NW 12TH AVE  
MIAMI FL 33128

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3495272

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

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

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME PD DOMINGUEZ, AGUSTIN  
STREET ADDRESS 300 N.W. 12th AVE.  
CITY-ST-ZIP MIAMI, FL. 33128TITLE ☐ Change ☒ Addition  
NAME VPD RALEY, CLAIRE  
STREET ADDRESS 300 N.W. 12th AVE  
CITY-ST-ZIP MIAMI, FL. 33128TITLE ☐ Change ☒ Addition  
NAME VPD MAR-TORANO, SALVATORE  
STREET ADDRESS 300 N.W. 12th AVE  
CITY-ST-ZIP MIAMI, FL. 33128TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305 374 5715

Daytime Phone #

CR2E037 (10/00)