2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N39810** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** GMN AFFORDABLE HOUSING PARTNER, INC. 01-24-2000 90066 047 ****70.00 Principal Place of Business Mailing Address 1460 BRICKELL AVENUE #309 <1400 BRICKELL AVENUE #309 < MIAMI FL 33191-2437 MIAMI FL 00101 3. Mailing Address 2. Principal Place of Business 300 NW UW BAVE 300 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0264307 aun Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) GREATER MIAMI NEIGHBORHOODS, INC. -1460 BRICKELL AVE. €# 309 MIAMLEL 33131 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 p (NOTE: Registered Agent signature required when reinstating) FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE NAME SIBLEY, RUSSELL A STREET ADDRESS STREET ADDRESS 1460 BRICKELL AVENUE #309 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 Addition TITLE Delete Delete TITLE ANDERSON EUGENIA J. NAME NAME STREET ADDRESS STREET ADDRESS 1460 BRICKELL AVE., # 309 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE Addition TITLE DOMINGUEZ, AGUSTIN NAME NAME STREET ADDRESS STREET ADDRESS 1460 BRICKELL AVE 309 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition TITLE TITLE Delete DE RAMON, GONZALO NAME NAME STREET ADDRESS 1460 BRICKELL AVE., #309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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:

of the corporation or the received