

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013777

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER V, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90078 034 ***150.00

Principal Place of Business

Mailing Address

1460 BRICKELL AVE
SUITE 309
MIAMI FL 33131

1460 BRICKELL AVE
SUITE 309
MIAMI FL 33131 3437

2. Principal Place of Business

3. Mailing Address

300 NW 12th AVE
Suite, Apt. #, etc.

300 NW 12th AVE
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33128 USA

33128 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0376319

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.

1460 BRICKELL AVE.

309

MIAMI FL 33131

Name

SAL MARTORANO

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

300 NW 12th AVE.

MIAMI

City

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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, 2000 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 V ☐ Delete
NAME SIBLEY, RUSSELL A
STREET ADDRESS 1460 BRICKELL AVE SUITE 309
CITY-ST-ZIP MIAMI FL 33131

TITLE T/V ☐ Change ☒ Addition
NAME SAL MARTORANO
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE V ☒ Delete
NAME ANDERSON EUGENIA J.
STREET ADDRESS 1460 BRICKELL AVE., # 309
CITY-ST-ZIP MIAMI FL 33131

TITLE V/D ☐ Change ☒ Addition
NAME CLAIRE RALEY
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE P ☐ Delete
NAME DOMINGUEZ, AGUSTIN
STREET ADDRESS 1460 BRICKELL AVE 309
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DE RAMON, GONZALO
STREET ADDRESS 1460 BRICKELL AVE., #309
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/27/00 (305) 324-5503