

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013777

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER V, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0376319

Applied For

Not Applicable

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

MARDORANO, SAL
300 NW 12TH AVE
MIAMI FL 33128

Name

MARDORANO, SAL

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

3/7/2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
T/V
MARTORANO, SAL
300 NW 12TH AVE
MIAMI FL 33128



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RALEY, CLAIRE
300 NW 12TH AVE
MIAMI FL 33128



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
DOMINGUEZ, AGUSTIN
300 NW 12TH AVE
MIAMI, FL 33128
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

3/7/2001

Date

305-324-5505

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90077 049 ***158.75

729702



DO NOT WRITE IN THIS SPACE