2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90113 028 ***158.75

0495332

DOCUMENT # P93000032629

1. Entity Name
GMN AFFORDABLE HOUSING PARTNER X, 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.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0476567
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARLORANO, SAL
300 NW 12TH AVE
MIAMI FL 33128

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 _____ 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 VD NAME SIBLEY, RUSSELL A STREET ADDRESS 1460 BRICKELL AVE., SUITE 309 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE VD NAME SIBLEY, RUSSELL STREET ADDRESS 300 N.W. 12th AVE CITY-ST-ZIP MIAMI, FL. 33128	☒ Change ☐ Addition
TITLE VD NAME RALEY, CLAIRE STREET ADDRESS 300 NW 12TH AVE CITY-ST-ZIP MIAMI FL 33128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME DOMNIGUEZ, AGUSTIN STREET ADDRESS 1460 BRICKELL AVE 309 CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE PD NAME DOMINGUEL, AGUSTIN STREET ADDRESS 300 NW 12th AVE CITY-ST-ZIP MIAMI, FL. 33128	☒ Change ☐ Addition
TITLE T NAME MARTORANO, SAL STREET ADDRESS 300 NW 12TH AVE CITY-ST-ZIP MIAMI FL 33128	☐ 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: _____ 4/30/01 305 324 5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)