

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VD	SIBLEY, RUSSELL A		
300 NW 12TH AVE	300 NW 12TH AVE		
MIAMI FL 33128	MIAMI FL 33128		
VD	RALEY, CLAIRE		
300 NW 12TH AVE	300 NW 12TH AVE		
MIAMI FL 33128	MIAMI FL 33128		
PD	DOMNIGUEZ, AGUSTIN		
300 NW 12TH AVE	300 NW 12TH AVE		
MIAMI FL 33128	MIAMI FL 33128		
T	MARTORANO, SAL		
300 NW 12TH AVE	300 NW 12TH AVE		
MIAMI FL 33128	MIAMI FL 33128		

3. 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

4/19/02 301 324 JDD

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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