

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032802

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER VI, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90078 035 ***150.00

Principal Place of Business 1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131	Mailing Address 1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131-3497
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00013760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 NW 12th AVE. Suite, Apt. #, etc.	3. Mailing Address 300 NW 12th AVE Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI FL	4. FEI Number 65-0413016	Applied For <input type="checkbox"/> Not Applicable
Zip 33128	Country USA	Zip 33128	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~GREATER MIAMI NEIGHBORHOODS, INC.~~
~~1460 BRICKELL AVE., # 309~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
~~SAL MARTORANO~~
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 *[Signature]* 1/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIBLEY, RUSSELL A 1460 BRICKELL AVENUE #309 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAL MARTORANO 300 NW 12th AVE. MIAMI, FL 33128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON EUGENIA J. 1460 BRICKELL AVE., # 309 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAIRE RALEY 300 NW 12th AVE. MIAMI, FL 33128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, AGUSTIN 1460 BRICKELL AVE 309 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE RAMON, GONZOLO 1460 BRICKELL AVE., #309 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 1/27/00 305-324-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #