

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000032802

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER VI, INC.

FILED

02 JUL 11 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o GMN  
300 N.W. 12 Avenue

3. Mailing Address c/o GMN  
300 N.W. 12 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0413016

Applied For  
Not Applicable

Zip  
33128

Country  
USA

Zip  
33128

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Sal Martorano

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

300 N.W. 12 Avenue

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

(NOTE: Registered Agent signature required when reinstating)

600006662426--7  
-07/25/02--01053--020  
\*\*\*558.75 \*\*\*558.75

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE PD  
NAME Agustin Dominguez  
STREET ADDRESS 300 N.W. 12 Avenue  
CITY-ST-ZIP Miami, FL 33128

TITLE VD  
NAME Sibley A. Russell  
STREET ADDRESS 300 N.W. 12 Avenue  
CITY-ST-ZIP Miami, FL 33128

TITLE VD  
NAME Claire Raley  
STREET ADDRESS 300 N.W. 12 Avenue  
CITY-ST-ZIP Miami, FL 33128

TITLE T  
NAME Sal Martorano  
STREET ADDRESS 300 N.W. 12 Avenue  
CITY-ST-ZIP Miami, FL 33128

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sal Martorano, Treasurer

(305) 324-5505

Date

Daytime Phone #

CR2E034B (12/01)