2001 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P93000032816 GMN AFFORDABLE HOUSING PARTNER VII. INC. 03-13-2001 90006 018 ***158.75 Principal Place of Business Mailing Address 300 NW 12TH AVE 300 NW 12TH AVE MIAMI FL 33128 MIAMI FL 33128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0455178 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTORANO, SAL Street Address (P.O. Box Number is Not Acceptable) **300 NW 12TH AVE MIAMI FL 33128** City Zip Code FI 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. SIGNÁTURE Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UD Change TITLE ☐ Delete TITLE ☐ Addition SIBLEY, RUSSELL A NAME NAME SIBLEY, HUSSELL 1460 BRICKELL AVENUE #309 STREET ADDRESS STREET ADDRESS 300 NW CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP (Change TITLE ☐ Delete TITLE ☐ Addition DOMINGUEZ, AGUSTIN NAME DOMINGUES NAME 1460 BRICKELL AVE 309 STREET ADDRESS STREET ADDRESS 300 N W 12 CITY-ST, ZIP **MIAMI FL 33131** CITY-ST-ZIP miAMI T-. -TITLE Delete Change ☐ Addition MARTORANO, SAL NAME NAME 300 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST, ZIP **MIAMI FL 33128** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RALEY, CLAIRE NAME NAME **300 NW 12TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33128 CITY-ST-ZIP TITI E ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 fustee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2001

305-324-5505

FILED

Daytime Phone #