

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032820

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER VIII, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90016 041 ***150.00

Principal Place of Business

Mailing Address

~~1460 BRICKELL AVENUE~~
~~SUITE 309~~
~~MIAMI FL 33131~~

~~1460 BRICKELL AVENUE~~
~~SUITE 309~~
~~MIAMI FL 33131-3437~~

2. Principal Place of Business

300 NW 12th AVE.

Suite, Apt. #, etc.

3. Mailing Address

300 NW 12th AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL		City & State MIAMI FL		4. FEI Number 65-0413018	Applied For <input type="checkbox"/>
Zip 33128	Country USA	Zip 33128	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/00**

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, 2000 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	TITLE	SAL MARTORANO
NAME	SIBLEY, RUSSELL A	NAME	SAL MARTORANO
STREET ADDRESS	1460 BRICKELL AVE., SUITE 309	STREET ADDRESS	300 NW 12th AVE.
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	MIAMI, FL 33128
TITLE	VD	TITLE	VD
NAME	ANDERSON EUGENIA J.	NAME	CLAIRE RALEY
STREET ADDRESS	1460 BRICKELL AVE., # 309	STREET ADDRESS	300 NW 12th AVE.
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	MIAMI, FL 33128
TITLE	PD	TITLE	
NAME	DOMINGUEZ, AGUSTIN	NAME	
STREET ADDRESS	1460 BRICKELL AVE 309	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	DE RAMON, GONZALO	NAME	
STREET ADDRESS	1460 BRICKELL AVE., #309	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **SAL MARTORANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/27/00**

DAYTIME PHONE # **305-324-5505**

CR2E034 (9/99)