

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90054 020 ***150.00

DOCUMENT # P93000064217

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER XIII, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

300 NW 12th AVE
 Suite, Apt. #, etc.

300 NW 12th AVE
 Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33128

USA

33128

USA

4. FEI Number

65-0476573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
SAL MARIORANO
 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 **X** *[Signature]* **SAL MARIORANO**

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/27/00
 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, 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	<input type="checkbox"/> Delete
NAME	SIBLEY, RUSSELL A	
STREET ADDRESS	1460 BRICKELL AVE #309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, EUGENIA	
STREET ADDRESS	1460 BRICKELL AVE., SUITE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	1460 BRICKELL AVE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE RAMON, GONZOLO	
STREET ADDRESS	1460 BRICKELL AVE., #309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIRE RALEY	
STREET ADDRESS	300 NW 12th AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAL MARIORANO	
STREET ADDRESS	300 NW 12th AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **SAL MARIORANO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 **305-324-5122**
 Daytime Phone #