

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017073

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER XII, INC.

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

02-14-2000 90054 021 ***150.00

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 N.W. 12th AVE.
Suite, Apt. #, etc.

300 N.W. 12th AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33128

Country USA

Zip 33128

Country USA

4. FEI Number 65-0476571

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 NEIGH. INC
1460 BRICKELL AVE
SUITE 309
MIAMI FL 33131

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]*
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
NAME SIBLEY, RUSSELL A
STREET ADDRESS 1460 BRICKELL AVE., SUITE 309
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE NAME SAL MARTORANO ☐ Change ☒ Addition
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE D
NAME ANDERSON, EUGENIE ☒ Delete
STREET ADDRESS 1460 BRICKELL AVE., SUITE 309
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME CLARE RALEY ☐ Change ☒ Addition
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE PD
NAME DOMINGUEZ, AGUSTIN ☐ Delete
STREET ADDRESS 1460 BRICKELL AVE. #309
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME DE RAMON, GONZALO ☒ Delete
STREET ADDRESS 1460 BRICKELL AVE., #309
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 305-324-5505
DATE Daytime Phone #