2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000074593 Feb 02, 2000 8:00 am **Secretary of State** GMN AFFORDABLE HOUSING PARTNER XV. INC. 02-02-2000 90014 019 ***150.00 Principal Place of Business Mailing Address 1460 BRICKELL AVE .--1480 BRICKELL AVE. SUITE 309 SUITE 309 MIAMI EL 33131-3437-MIAMILEL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0679010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MIARIORANO GONZALO DE RAMON Street Address (P.O. Box Number is Not Acceptable) 1460 BRICKELL AVE: #309 MIAMLEL 33134 pmits 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) e, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE Delete TITLE al Marlorano SIBLEY, RUSSELL A. NAME NAME 300 NW 12th AUE STREET ADDRESS 1460 BRICKELL AVE 309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Delete TITLE CAIRE RALEY DOMINGUEZ, AGUSTIN NAME 1460 BRICKELL AVE 309 STREET ADDRESS STREET ADDRESS 300NW 12th AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL: 33131 MIAMI,9633-128 ___ Change TITLE ANDERSON, EUGENIA NAME NAME 1460 BRICKELL AVE 309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIE Change ☐ Addition TITLE TITLE Delete DOMINGUEZ, AGUSTIN DE RAMON, GONZALO NAME NAME 1460 BRICKELL AVE., #309 STREET ADDRESS STREET ADDRESS 300 NW 12th AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** WILDWIL FC 33128 Change Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME

3. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

305-324-5505

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