

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90268 025 \*\*\*158.75

DOCUMENT # P95000029137

1. Entity Name

GMN-TIFFANY SQUARE, INC.

Principal Place of Business

300 NW 12TH AVE  
SUITE 309  
MIAMI FL 33128

Mailing Address

300 NW 12TH AVE  
SUITE 309  
MIAMI FL 33128

2. Principal Place of Business

300 N.W. 12th AVE

3. Mailing Address

300 NW 12th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33128

Country

Zip

33128

Country

4. FEI Number 65-0695815

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTORANO, SAL  
300 NW 12TH AVE  
MIAMI FL 33128

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sal Martorano

1/26/2001

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, 2001 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 PD  
NAME DOMINGUEZ, AGUSTIN  
STREET ADDRESS 1460 BRICKELL AVE #309  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VD  
NAME SIBLEY, RUSSELL JR.  
STREET ADDRESS 1460 BRICKELL AVE. #309  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME MARTORANO, SAL  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE VD  
NAME RALEY, CLAIRE  
STREET ADDRESS 300 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME DOMINGUEZ, A.  
STREET ADDRESS 300 N.W. 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128 X Change ☐ Addition

TITLE VD  
NAME SIBLEY, RUSSELL JR.  
STREET ADDRESS 300 N.W. 12th AVE  
CITY-ST-ZIP MIAMI, FL 33128 X Change ☐ Addition

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)