

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023385

1. Entity Name

GMN-LANDFAIR, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90130 022 ***158.75

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

3. Mailing Address

300 NW 12th AVE

300 NW 12th AVE

Suite, Apt. #, etc. 90: GMN, Inc.

Suite, Apt. #, etc. 90: GMN, Inc.

City & State MIAMI FL

City & State MIAMI FL

Zip 33128 Country USA

Zip 33128 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0721111

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

WASHINGTON, LYNN C
701 BRICKELL AVENUE
SUITE 3100
MIAMI FL 33131

Name SAL MARTORANO
Street Address (P.O. Box Number is Not Acceptable)
90: GMN, Inc.
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 SAL MARTORANO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/28/00

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	P	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, AGUSTIN	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, EUGENIA	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DE RAMON, GONZALO	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RALEY, CLAIRE	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAL MARTORANO	
STREET ADDRESS	300 NW 12th AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

SALVADOR MARTORANO

1/28/00 (305) 324-5105

CR2E034 (9/99)