

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023385

1. Entity Name
GMN-LANDFAIR, INC.

Principal Place of Business
300 NW 12TH AVE
C/O GMN INC
MIAMI FL 33128

Mailing Address
300 NW 12TH AVE
C/O GMN INC
MIAMI FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0721111

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

MARTORANO, SAL
C/O GMN INC
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 P
NAME DOMINQUEZ, AGUSTIN
STREET ADDRESS 1460 BRICKELL AVENUE, SUITE 309
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VT
NAME MARTORANO, SAL
STREET ADDRESS 300 NW 19TH AVE
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

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

TITLE V
NAME RALEY, CLAIRE
STREET ADDRESS 1460 BRICKELL AVENUE, SUITE 309
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME DOMINGUEZ, AGUSTIN
STREET ADDRESS 300 N.W. 12th AVE
CITY-ST-ZIP MIAMI, FL 33128 ☒ Change ☐ Addition

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

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

TITLE V
NAME RALEY, CLAIRE
STREET ADDRESS 300 N.W. 12th AVE
CITY-ST-ZIP MIAMI, FL 33128 ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90010 029 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)