

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 028 ***158.75

DOCUMENT # P98000046716

1. Entity Name
GMNE LAKE WALES, INC.



Principal Place of Business
**2628 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**2628 5TH AVENUE NORTH
ST. PETERSBURG FL 33713**



2. Principal Place of Business
300 N.W. 12th Avenue
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State

4. FEI Number **59-3572732**

Applied For
Not Applicable

Zip
33128

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C
701 BRICKELL AVE.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JAL MARTORANO**
Street Address (P.O. Box Number is Not Acceptable)
300 N W 12 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/13/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SIBLEY, RUSSELL A JR	
STREET ADDRESS	2628 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	2628 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RALEY, CLAIRE	
STREET ADDRESS	2628 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTORANO, SALVATORE	
STREET ADDRESS	2628 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N.W. 12th Avenue	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N. W. 12th Avenue	
CITY-ST-ZIP	Miami, FL 33128	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N. W. 12th Avenue	
CITY-ST-ZIP	Miami, FL 33128	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N.W. 12th Avenue	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)