

# 2000 UNIFORM BUSINESS REPORT (UBR)

158.75

DOCUMENT # P98000105651

FILED

1. Entity Name

GMN-HIDDEN, INC.

99 FEB -1 PM 2:10

Principal Place of Business

Mailing Address

1460 BRICKELL AVE.  
MIAMI FL 33131

1460 BRICKELL AVE.  
MIAMI FL 33131-3412

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

300 NW 12 AVE.

3. Mailing Address

300 NW 12 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0884442

Applied For

Not Applied

Zip

33128

Country

USA

Zip

33128

Country

USA

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

DERAMON, GONZALO  
1460 BRICKELL AVE #309  
STE 309  
MIAMI FL 33131

Name

SALVATORE MARTORANO

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

300 NW 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.

SIGNATURE

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

(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, 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

TITLE P ☐ Delete  
NAME DOMINQUEZ, AGUSTIN  
STREET ADDRESS 1460 BRICKELL AVE. #309  
CITY-ST-ZIP MIAMI FL 33131

TITLE V ☒ Delete  
NAME ANDERSON, EUGENIA  
STREET ADDRESS 1460 BRICKELL AVE. #309  
CITY-ST-ZIP MIAMI FL 33131

TITLE TV ☒ Delete  
NAME RAMON, GONZALO D  
STREET ADDRESS 1460 BRICKELL AVE. #309  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME CLAIRE F. RALEY  
STREET ADDRESS 300 NW 12 AVENUE  
CITY-ST-ZIP MIAMI, FL 33128

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

TITLE TV ☐ Change ☒ Addition  
NAME SALVATORE MARTORANO  
STREET ADDRESS 300 NW 12 AVENUE  
CITY-ST-ZIP MIAMI, FL 33128

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

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

TITLE ☐ Change ☐ 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

Daytime Phone #

305-324-5505 X116  
1-27-2000