2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address, with all other like empowered

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P98000105651 GMN-HIDDEN, INC. 03-02-2001 90086 014 ***158.75 Principal Place of Business Mailing Address 300 N.W. 12 AVENUE 300 N.W. 12 AVENUE MIAMI FL 33128 MIAMI FL 33128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0884442 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTORANO, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 300 N.W. 12 AVENUE MIAM! FL 33128 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE Delete TITLE Addition DOMINQUEZ, AGUSTIN NAME NAME. STREET ADDRESS 300 N.W. 12 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RALEY, CLAIRE F STREET ADDRESS 300 N.W. 12 AVENUE STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 TITLE ☐ Delete TITLE Change ☐ Addition MARTORANO, SALVATORE STREET ADDRESS STREET ADDRESS 300 N.W. 12 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

FILED

2/26/01 305 3-4 JTU