

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000105651**

1. Entity Name

GMN-HIDDEN, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90086 014 ***158.75

Principal Place of Business

Mailing Address

**300 N.W. 12 AVENUE
MIAMI FL 33128****300 N.W. 12 AVENUE
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 **65-0884442**

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, SALVATORE
300 N.W. 12 AVENUE
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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DOMINQUEZ, AGUSTIN	300 N.W. 12 AVENUE	MIAMI FL 33128							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RALEY, CLAIRE F	300 N.W. 12 AVENUE	MIAMI FL 33128							
	TV			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MARTORANO, SALVATORE	300 N.W. 12 AVENUE	MIAMI FL 33128							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 **305 324 5505**
Date Daytime Phone #

CR2E034 (10/00)