

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91370 009 \*\*\*158.75

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**DOCUMENT # S83632**

**1. Entity Name**  
**GMN AFFORDABLE HOUSING PARTNER III, INC.**



**Principal Place of Business**  
**300 NW 12TH AVE**  
**MIAMI FL 33128**

**Mailing Address**  
**300 NW 12TH AVE**  
**SUITE 309**  
**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** **65-0311727**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MARTORANO, SAL**  
**300 NW 12TH AVE**  
**MIAMI FL 33128**

**7. Name and Address of New Registered Agent**

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. 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

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V</b> <b>SIBLEY, RUSSELL A</b> <b>300 NW 12TH AVENUE</b> <b>MIAMI FL 33128</b>	<input type="checkbox"/>
<b>T</b> <b>MARTORANO, SAL</b> <b>300 NW 12TH VE</b> <b>MIAMI FL 33128</b>	<input type="checkbox"/>
<b>V</b> <b>RALEY, CLAIRE</b> <b>300 NW 12TH AVE</b> <b>MIAMI FL 33128</b>	<input checked="" type="checkbox"/>
<b>PD</b> <b>DOMINGUEZ, AGUSTIN</b> <b>300 NW 12TH AVENUE</b> <b>MIAMI FL 33128</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**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

**4-22-03**

**300 724 5705**

Date

Daytime Phone #

CR2E034 (10/02)