

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90222 028 ***158.75

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DOCUMENT # S83636

1. Entity Name
GMN AFFORDABLE HOUSING PARTNER II, INC.



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

Mailing Address
**300 NW 12TH AVE
MIAMI FL 33128
US**



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 **65-0412995**

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

7. Name and Address of New Registered Agent

**MARTORANO, SAL
300 NW 12TH AVE
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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON REVALES	
STREET ADDRESS	300 NW 12TH AVE	
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		
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

4-22-03

30324170

Date

Daytime Phone #

CR2E034 (10/02)