

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12097

1. Entity Name

GMN EQUITY INVESTMENT, INC.

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90124 012 \*\*\*158.75

Principal Place of Business

1460 BRICKELL AVENUE  
SUITE 309  
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVENUE  
SUITE 309  
MIAMI FL 33131-3437

2. Principal Place of Business

300 NW 12th Ave

3. Mailing Address

300 NW 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip 33128

Country USA

Zip 33128

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0392954

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.  
1460 BRICKELL AVE., SUITE 309  
MIAMI FL 33131

Name

SAL MARIORANO

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

300 NW 12th 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]*

SAL MARIORANO

1-27-2000

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)

X

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBLEY, RUSSELL A 1460 BRICKELL AVENUE #309 MIAMI FL 33131	□ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, EUGENIA 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131	X Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ, AGUSTIN 1460 BRICKELL AVE 309 MIAMI FL 33131	□ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV DE RAMON, GONZALO 1460 BRICKELL AVE., #309 MIAMI FL 33131	X Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SAL MARIORANO 300 NW 12th Ave MIAMI, FL 33128	□ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLAIRE RALEY 300 NW 12th Ave. MIAMI, FL 33128	□ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

(305) 324-5505

Date

Daytime Phone

CR2E034 (9/99)