

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26462

1. Entity Name

GMN AFFORDABLE HOUSING PARTNER IV, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90130 021 ***158.75

Principal Place of Business

1460 BRICKELL AVE.

309
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVE.

309
MIAMI FL 33131-3437

00010007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 NW 12th AVE

Suite, Apt. #, etc.
40: GMN, Inc.

City & State
MIAMI, FL

Zip Country
33128 USA

3. Mailing Address

300 NW 12th AVE

Suite, Apt. #, etc.
40: GMN, Inc.

City & State
MIAMI, FL

Zip Country
33128 USA

4. FEI Number 65-0413012

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., # 309

MIAMI FL 33131

Name SAL MARTORANO

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

40: GMN, Inc.

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 X *[Signature]* SAL MARTORANO

1/28/00

(NOTE: Registered Agent signature required when reinstating)

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, 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 PD
NAME AGUSTIN, DOMINGUEZ
STREET ADDRESS 1460 BRICKELL AVE #309
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TV
NAME SAL MARTORANO
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128 ☐ Change ☒ Addition

TITLE V
NAME ANDERSON EUGENIA J.
STREET ADDRESS 1460 BRICKELL AVE., # 309
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE V
NAME CLAIRE RALEY
STREET ADDRESS 300 NW 12th AVE.
CITY-ST-ZIP MIAMI, FL 33128 ☐ Change ☒ Addition

TITLE VD
NAME SIBLEY, RUSSELL A JR.
STREET ADDRESS 1460 BRICKELL AVE 309
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TV
NAME DE RAMON, GONZALO
STREET ADDRESS 1460 BRICKELL AVE., #309
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: X *[Signature]* SALVATORE MARTORANO

1/28/00 (305)324-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Month/Year

CR2E034 (9/99)