


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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90043 007 \*\*\*150.00

**DOCUMENT # P02000091414**

1. Entity Name  
**G & M NEW IDEA CORPORATION**



Principal Place of Business  
1225 S. KIRKMAN ROAD  
APT. 1138  
ORLANDO, FL 32811

Mailing Address  
1225 S. KIRKMAN ROAD  
APT. 1138  
ORLANDO, FL 32811

2. Principal Place of Business  
**63 MAIN ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**63 MAIN ST**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**WINDERMERE Florida**

City & State  
**WINDERMERE Florida**

4. FEI Number  
**27-0031073**

Applied For  
 Not Applicable

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

Zip  
**34786** Country  
**U.S.A**

Zip  
**34786** Country  
**U.S.A**

8. Name and Address of Current Registered Agent

**DIVA CRISTINA RIBEIRO SALOMAO**  
1225 S. KIRKMAN ROAD  
APT. 1138  
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

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

**63 MAIN ST**

City  
**WINDERMERE** FL Zip Code  
**34786**

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 *Salomon* DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAULO DOS REIS</b> <b>4403 S. KIRKMAN ROAD #203</b> <b>ORLANDO, FL 32811</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIVA CRISTINA RIBEIRO SALOMAO</b> <b>1225 S. KIRKMAN ROAD #1138</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>63 MAIN ST</b> <b>WINDERMERE FL. 34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FONSECA, DOUGLAS B</b> <b>1225 S. KIRKMAN ROAD #1138</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>63 MAIN ST</b> <b>WINDERMERE FL. 34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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: *Salomon* DATE **3/11/03** PHONE **407-909-1211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)