
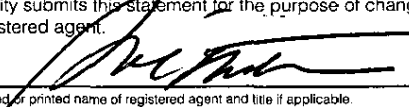


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 029 ***158.75

DOCUMENT # P98000038148			
1. Entity Name GMNE LEHIGH, INC.			
Principal Place of Business 2628 5TH AVE. N. SAINT PETERSBURG FL 33713		Mailing Address 2628 5TH AVE. N. SAINT PETERSBURG FL 33713	
2. Principal Place of Business 300 N. W. 12th Avenue Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33128	Country	Zip	Country
6. Name and Address of Current Registered Agent WASHINGTON LYNN C 701 BRICKELL AVE MIAMI FL 33131		7. Name and Address of New Registered Agent Name: SAL MANTORANO 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/31/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3507924 **Applied For**
Not Applicable

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

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 NAME: SIBLEY, RUSSELL A JR STREET ADDRESS: 2628 5TH AVE NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT & DIRECTOR NAME: SIBLEY, RUSSELL A JR STREET ADDRESS: 300 N. W. 12th Avenue CITY-ST-ZIP: Miami, FL 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DOMINGUEZ, AGUSTIN STREET ADDRESS: 2628 5TH AVE NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE: PRESIDENT & DIRECTOR NAME: DOMINGUEZ, AGUSTIN STREET ADDRESS: 300 N. W. 12th Avenue CITY-ST-ZIP: Miami, FL 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CLAIRE, RALEY STREET ADDRESS: 2628 5TH AVE NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE: NAME: CLAIRE, RALEY STREET ADDRESS: 300 N. W. 12th Avenue CITY-ST-ZIP: Miami, FL 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: MARTORANO, SALVATORE STREET ADDRESS: 2628 5TH AVE NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE: NAME: MARTORANO, SALVATORE STREET ADDRESS: 300 N. W. 12th Avenue CITY-ST-ZIP: Miami, FL 33128	<input checked="" 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
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 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:  **DATE:** 4/31/03 **DAYTIME PHONE #:** 305 324 1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)