

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002154

1. Entity Name

CUBANET NEWS, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90056 024 ****70.00

Principal Place of Business

Mailing Address

145 MADEIRA, SUITE 316
#207
CORAL GABLES FL 33134

145 MADEIRA, SUITE 316
#207
CORAL GABLES FL 33134

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

65-0615598

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MD J
7901 ERWIN RD
CORAL GABLES FL 33143

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERNANDEZ, JOSE A MD
7901 ERWIN RD
CORAL GABLES FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JUAN A. ESPASANDE
820 SALZEDO APT. 404
CORAL GABLES, FL 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BERRE, ROSA
30 PHOENETIA AVE., #6
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FITERRE, IGNACIO E
1921 SW 84 COURT
MIAMI FL 33155

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)