

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90202 048 \*\*\*150.00

DOCUMENT # **P27588**



1. Entity Name  
**EFE NEWS SERVICES (U.S.) INC.**

Principal Place of Business  
**NATIONAL PRESS BUILDING  
1252  
WASHINGTON DC 20045  
US**

Mailing Address  
**1209 N. ORANGE ST.  
WILMINGTON DE 19801  
US**



2. Principal Place of Business  
**2655 Le Jeune Road**

3. Mailing Address  
**2655 Le Jeune Road**

Suite, Apt. #, etc.  
**Ste. 701**

CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

4. FEI Number **52-1653883**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **\$5.00** May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GOZALO, MIQUEL ANGEL ESPRONCEDA, 32 28003 MADRID, SPAIN</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SANCHEZ, EMILIO 1252 NAT'L PRESS BLDG. WASHINGTON DC</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MORENO, RAFAEL UN BLDG RM 484, UN PLAZA NEW YORK NY</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GARCIA, JOSE A 2655 LE JEUNE RD #1112 CORAL GABLES FL</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GAROFALO, GARY B. 1201 CONNECTICUT AVENUE, NW #700 WASHINGTON DC</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AZPIAZU, MARIA L 1252 NAT'L PRESS BLDG NW WASHINGTON DC 20045</b>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2655 Le Jeune Rd, Ste. 701 Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Isabel M. Stegman 2655 Le Jeune Rd, Ste. 701 Coral Gables, FL 33134</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Isabel M. Stegman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(305)**  
**2-10-03 442-8220**  
Date Daytime Phone #

CRP034 (10/02)