

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90159 032 ***150.00

0231930 AV

DOCUMENT # P96000000374

1. Entity Name

TNI, TELNEWS INTERNATIONAL INC.

Principal Place of Business

7800 RED ROAD
 STE PH-325
 S MIAMI FL 33143

Mailing Address

7800 RED ROAD
 STE PH-325
 S MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

5410 ALHAMBRA CIRCLE 5410 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

US

Zip

33146

Country

US

4. FEI Number

65-0659175

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

DIAMENT, SIMONE
 5410 ALHAMBRA CIRCLE
 CORAL GABLES FL 33146

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

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, 2002 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 ☐ Delete
 NAME P
 STREET ADDRESS DIAMENT, SIMONE
 CITY-ST-ZIP 5410 ALHAMBRA CIRCLE
 CORAL GABLES FL 33146

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS DIAMENT, MARIO
 CITY-ST-ZIP 5410 ALHAMBRA CIR
 CORAL GABLES FL

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2002 305-668-6270

CR2E034 (9/01)