

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90275 020 \*\*\*150.00

**DOCUMENT # P98000088919**

1. Entity Name

G. NEWS, INC.

Principal Place of Business

150 S.E. 25TH ROAD  
 12-0  
 MIAMI FL 33129

Mailing Address

C/O DIEGO L RESTREPO  
 150 SE 25TH RD 12-D  
 MIAMI FL 33129  
 US

2. Principal Place of Business

Suite, Apt. #, etc.  
 547 MAJORCA AVENUE

City & State  
 CORAL GABLES, FL

Zip  
 33134

Country  
 USA

3. Mailing Address

C/O Diego L. Restrepo, Esq.

Suite, Apt. #, etc.  
 547 MAJORCA AVENUE

City & State  
 CORAL GABLES

Zip  
 33134

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, DIEGO L  
 150 S.W. 25TH ROAD  
 SUITE 12D  
 MIAMI FL 33129

7. Name and Address of New Registered Agent

Name  
 Diego L. Restrepo, Esq.

Street Address P.O. Box Number is Not Acceptable

547 MAJORCA AVENUE

City  
 CORAL GABLES

FL

Zip  
 33134

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, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRALDO, GABRIEL 150 S.E. 25TH RD 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESTREPO, GLORIA 150 SE 25TH RD 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGAS, ALVARO 150 SE 25TH RD 12-D MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
547 MAJORCA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
547 MAJORCA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
547 MAJORCA AVENUE CORAL GABLES, FL 33134	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with all other like empowered.

SIGNATURE:

Diego L. Restrepo

4-20-02 (305) 447-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)