

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-D 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	3. Mailing Address Suite, Apt. #, etc. c/o Diego L. Restrepo, Esq.
City & State CORAL GABLES, FL	City & State CORAL GABLES

DO NOT WRITE IN THIS SPACE

Zip 33134	Country USA	Zip 33134	Country USA
---------------------	-----------------------	---------------------	-----------------------

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 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 *Diego Restrepo* DATE **4-20-02**
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

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 titles empowered.

SIGNATURE: *Diego Restrepo* - **diego L. Restrepo** DATE **4-20-02** (305) 447-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)