

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 037 ****70.00

DOCUMENT # N98000004602

1. Entity Name

BEAUTIFUL BRANCH MINISTRIES INTERNATIONAL INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8734 GROVE TERRACE, #170 TEMPLE TERRACE FL 33617	Mailing Address PO BOX 290132 TAMPA FL 33687-0132
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3519278	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYANA AUGUSTINE, MYS ¹⁰
8734 GROVE TERRACE, #140
TEMPLE TERRACE FL 33617**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D AUGUSTINE, AYANA MYS 8734 GROVE TERRACE, #140 TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MERVLYN 2819 CONNINTON DR HEPZEBEH GA 30815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOAN M #2-2 AVE NORTH GIMMIT COMMONWEALTH OF DOMINICA	<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

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
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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: *M. Augustine* **M. Augustine** Date: **06/21/2002**

0079609

CR2E037 (9/01)

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**PO BOX 290132
TAMPA FL 33687-0132**

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Suite, Apt. #, etc.

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	D	AUGUSTINE, AYANA MYS	8734 GROVE TERRACE, #140 TEMPLE TERRACE FL 33617				
	<input type="checkbox"/>	Delete					
	D	JACKSON, MERVLYN	2819 CONNINTON DR HEPZEBEH GA 30815				
	<input type="checkbox"/>	Delete					
	D	HENRY, JOAN M	#2-2 AVE NORTH GIMMIT COMMONWEALTH OF DOMINICA				
	<input type="checkbox"/>	Delete					

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Attachment
A great day to you! this is normal file in sept. but I need the certificate I trust this is right
870164

DO NOT WRITE IN THIS SPACE

0079679

CR2E037 (9/01)