

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726836

1. Entity Name

STATE AND INTERNATIONAL BISHOPS COUNCIL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90162 014 ****61.25

Principal Place of Business

Mailing Address

21310 OLD CUTLER ROAD
 MIAMI FL 33189-3111

21310 OLD CUTLER ROAD
 MIAMI FL 33189-3111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0211406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARLINE, DANIEL D
 1250 NW 43 ST
 MIAMI FL

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 _____

**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 PD Delete
 NAME CARTER, BENJAMIN F
 STREET ADDRESS 21310 OLD CUTLER RD
 CITY-ST-ZIP MIAMI, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SPEC Delete
 NAME EASON, DAVID
 STREET ADDRESS 3895 NW 183RD STREET
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME WILLIAMS, CHARLIE
 STREET ADDRESS 10720 SW 218TH ST
 CITY-ST-ZIP GOULDS, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME ARLINE, DANIEL
 STREET ADDRESS 1250 NW 43RD ST
 CITY-ST-ZIP MIAMI, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Benjamin F. Carter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000 (305) 235-2300
 Date Daytime Phone #

CR2E037 (9/99)