

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

0085411

DOCUMENT # 726836

1. Entity Name

STATE AND INTERNATIONAL BISHOPS COUNCIL, INC.

02-05-2001 90071 041 ****61.25

Principal Place of Business

Mailing Address

**21310 OLD CUTLER ROAD
 MIAMI FL 33189-3111**

**21310 OLD CUTLER ROAD
 MIAMI FL 33189-3111**

110100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	CARTER, BENJAMIN F	
STREET ADDRESS	21310 OLD CUTLER RD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SPEC	<input type="checkbox"/> Delete
NAME	EASON, DAVID	
STREET ADDRESS	3895 NW 183RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLIE	
STREET ADDRESS	10720 SW 218TH ST	
CITY-ST-ZIP	GOULDS, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARLINE, DANIEL	
STREET ADDRESS	1250 NW 43RD ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: B. ARLINE, DANIEL D **SIGNATURE: B. ARLINE, DANIEL D** **President** **1/31/2001** **(305) 235-2300**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CRE037 (10/00)