

2002 UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90003 031 ****61.25

DOCUMENT # 726836
 1. Entity Name
STATE AND INTERNATIONAL BISHOPS COUNCIL, INC.

Principal Place of Business 21310 OLD CUTLER ROAD MIAMI FL 33189-3111	Mailing Address 21310 OLD CUTLER ROAD MIAMI FL 33189-3111
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country


 DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0211406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARLINE, DANIEL D
1250 NW 43 ST
MIAMI FL

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Benjamin F. Carter* **SIGNATURE CAPTURED** President (305) 235-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/14/02** Daytime Phone #

CR2E037 (9/01)