

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752106**

1. Entity Name

CAREY MILLER MINISTRIES, INCORPORATED

Principal Place of Business

**6954 S.W. 151ST STREET
C/O CAREY MILLER
MIAMI FL 33158
US**

Mailing Address

**6954 S.W. 151ST STREET
C/O CAREY MILLER
MIAMI FL 33158**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1999537**

Applied For

Not Applicable

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****MILLER, CAREY
6954 S.W. 151ST ST.
MIAMI FL 33158**

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 \$61.259. 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 **MILLER, CAREY**
STREET ADDRESS **6954 S.W. 151ST ST.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **MILLER, DORIS M.**
STREET ADDRESS **6954 S.W. 151ST ST.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RILEY, DAVID**
STREET ADDRESS **830 NEWARK STREET**
CITY-ST-ZIP **AURORA CO 80010**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARLOW, ROBERT A**
STREET ADDRESS **1861 E. CARVER ROAD**
CITY-ST-ZIP **TEMPE AZ 85284**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HAWN, CHARLES**
STREET ADDRESS **382 OAKSHIRE DRIVE**
CITY-ST-ZIP **CAPE GIRARDEAU MO 63701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE *Carey Miller***1-11-02****305-233-8796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)