

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90069 048 \*\*\*\*61.25

**DOCUMENT # 817600**

1. Entity Name

**WORLD MISSIONS INC.**

Principal Place of Business

PO BOX 402031  
 MIAMI BEACH FL 33140

Mailing Address

PO BOX 402031  
 MIAMI BEACH FL 33140

2. Principal Place of Business

*P.O. Box 402031*  
 Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 402031*  
 Suite, Apt. #, etc.

City & State

*Miami Beach FLA*

City & State

*Miami Beach FLA*

4. FEI Number

**59-1023412**

Applied For

Not Applicable

Zip

*33140*

Country

*America*

Zip

*33140*

Country

*America*

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

**CLINE, CHARLES**  
**2001 WASHINGTON AVE.**  
**#306**  
**MIAMI BEACH FL 33139**

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

*Charles M. Cline* President

*3-12-01*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	CLINE, CHARLES	2001 WASHINGTON AVE.	MIAMI FL 33139	<input type="checkbox"/>
SD	POSSIEL, HERBERT L.	542 EUCLID AVE. #5	MIAMI BCH FL 33139	<input type="checkbox"/>
ASAT	GARCIA, JAMES	610 NORTH SHORE DRIVE	MIAMI BCH FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Charles M. Cline* President

*3-12-01 (305) 531-5574*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037(10/00)