2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am ; Secretary of State DOCUMENT # N00000003317 1. Entity Name CARSEL'S MINISTRIES INTERNATIONAL INC. 04-18-2002 90403 010 ****61.25 Principal Place of Business Mailing Address 10223 SW 180TH STREET 10223 SW 180TH STREET MIAMI FL 33157 MIAMI FL 33157 ncipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0120997 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ST FLEUR, CARSEL 165 NE 128 TERR MIAMI FL 33161 City Zip Code Fl 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ■ Addition ST FLEUR, CARSEL NAME NAME STREET ADDRESS 165 NE 128 TERRACE STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33161 CITY-ST-ZIP ٧D TITLE Delete TITLE ☐ Change ☐ Addition PRADEL, FABOLON NAME NAME 675 NW 144 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33168** CITY-ST-ZIP ☐ Delete TITLE __Change _ JEAN-PIERRE, DARLINE NAME NAME STREET ADDRESS 1851 NE 143RD ST STREET ADDRESS CITY-ST-7IP MIAMI FL 33161 CITY-ST-ZIP TITLE Delete TITLE **Change** ☐ Addition JERRY, INNOCENT 1570 N.E. 128 Street BATAILLE, BRUNEL NAME NAME 410 NE 160 TERRACE STREET ADDRESS STREET ADDRESS North, Miami, Fl 33167 CITY-ST-ZIP N. MIAMI FL 33162 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ROMELUS, WIDELINE NAME NAME STREET ADDRESS 2120 NE 171 ST STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 employered 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 attactment with an address with all other life expowers.

FILED