

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005267**

1. Entity Name  
 END TIME MINISTRIES INTERNATIONAL, INC.

Principal Place of Business 8960 SOUTHWEST 200TH STREET  MIAMI FL 33157	Mailing Address 8960 SOUTHWEST 200TH STREET  MIAMI FL 33157
--	--

2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
---	---

4. FEI Number  
**65-1031048**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
  
 CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **09/04/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete RAGHUNANDAN MICHELLE A 8960 SOUTHWEST 200TH STREET MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete RODRIGUEZ JOE 8960 SOUTHWEST 200TH STREET MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete RAGHUNANDAN PAUL S 8960 SOUTHWEST 200TH STREET MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAUL RAGHUNANDAN PD 09/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

---

**RATANA VONG KONGMY L TD**  
**15400 SW 102 RD.**

**MIAMI, FL 33157**