

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90085 044 \*\*\*\*75.00

**DOCUMENT # NO1000001867**

1. Entity Name

**EAGLE INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business

1861 SW 36 TERRACE  
 FORT LAUDERDALE FL 33312

Mailing Address

1861 SW 36 TERRACE  
 FORT LAUDERDALE FL 33312

2. Principal Place of Business

1190 N ST RD 7

3. Mailing Address

P.O. Box 121542

Suite, Apt. #, etc.

APT. 408

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE, FL.

Zip

33313

Country

U.S.A.

Zip

33312-0026

Country

U.S.A.

4. FEL Number

65-1092521

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAMOUTAR, CALVIN L  
 1861 SW 36 TERRACE  
 FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **RAMOUTAR, CALVIN L**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1190 N ST RD 7 APT 408**  
 City **FT. LAUDERDALE FL** Zip Code **33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CALVIN L RAMOUTAR**

Signature, typed or printed name of registered agent and title if applicable.

**Cal L Ramotar 09.09.02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution.

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**\$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	D RAMOUTAR, CALVIN L 1861 SW 36 TERRACE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOUTAR, CALVIN L 1190 N ST RD 7 APT 408 FT. LAUDERDALE, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, LORETTA 1861 SW 36 TERRACE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, LORETTA 1190 N ST RD 7 APT 408 FT. LAUDERDALE, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI BLANSKO, ALBERT 1861 SW 36 TERRACE FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH M. SIPALA 1190 N ST RD 7 APT #408 FT. LAUDERDALE FL. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(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 REQUIRED** **CALVIN L RAMOUTAR 09.09.02 956530-2139**

CR2E037 (4/02)