

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90233 047 \*\*\*\*61.25

**DOCUMENT # NO1000008193**

1. Entity Name

**THE ELEVENTH HOUR WORLD EVANGELISM MINISTRIES, I  
 NC.**

Principal Place of Business

Mailing Address

**13480 NORTHEAST 6TH AVENUE  
 SUITE 311  
 NORTH MIAMI FL 33161**

**13480 NORTHEAST 6TH AVENUE  
 SUITE 311  
 NORTH MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address -

**13480 NE GAVE**

**13480 NE GAVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**311**

**311**

City & State

City & State

**NORTH MIAMI FL.**

**NORTH MIAMI FL**

Zip

Country

Zip

Country

**33161**

**USA**

**33161**

**USA**

4. FEI Number

**05-1155587**

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

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

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 \$61.25**

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  
**PSTD  
 CARTY, MARCUS R  
 13480 NORTHEAST 6TH AVENUE SUITE 311  
 NORTH MIAMI FL 33161** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 COUSINS, CLIFF  
 13480 NORTHEAST 6TH AVENUE SUITE 311  
 NORTH MIAMI FL 33161** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 GRANT, HOWARD  
 13480 NORTHEAST 6TH AVENUE SUITE 311  
 NORTH MIAMI FL 33161** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-02**

**(786) 852-2750**

Date

Daytime Phone #

CR2E037 (9/01)