

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90006 003 ****61.25

DOCUMENT # N94000004346

1. Entity Name

CARLOS MALONE MINISTRIES, INC. (CMM)



Principal Place of Business

Mailing Address

**8241 S.W. 183 STREET
 MIAMI FL 33157**

**8241 S.W. 183 STREET
 MIAMI FL 33157**

775148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0517087

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GODWIN, JOE ANN
 14440 LINCOLN BLVD.
 MIAMI FL 33176**

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
 After September 12, 2001, min. will be \$236.25**

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	C	<input checked="" type="checkbox"/> Delete
NAME	JONES, TROY T	
STREET ADDRESS	10467 S.W. 18TH STREET	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	AMBLER, MAURIECE	
STREET ADDRESS	8245 S.W. 184 LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, HENRY C JR.	
STREET ADDRESS	7701 S.W. 181ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JEAN	
STREET ADDRESS	15805 S.W. 108 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, LEONARD	
STREET ADDRESS	7301 S.W. 133 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, CARLOS L	
STREET ADDRESS	8241 S.W. 183 STREET	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos L. Malone Sr	
STREET ADDRESS	8241 SW 183 Street	
CITY-ST-ZIP	Miami FL 33157	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela R. Malone	
STREET ADDRESS	8241 SW 183 Street	
CITY-ST-ZIP	Miami FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Young	
STREET ADDRESS	7190 NW 179 Street #211	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carlos L. Malone Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)