

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005659

1. Entity Name

END TIME MINISTRIES, INC. P

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90004 017 \*\*\*\*70.00

Principal Place of Business

4852 N.W. 2ND AVENUE  
 MIAMI FL 33127

Mailing Address

6511 N.W. MIAMI PLACE  
 MIAMI FL 33150

2. Principal Place of Business

4852 N.W. 2 AVE

Suite, Apt. #, etc.

3. Mailing Address

6511 N.W. MIAMI PL

Suite, Apt. #, etc.

HOUSE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0730108

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHILOGENE, MARIELLE REV  
 6511 N.W. MIAMI PLACE  
 MIAMI FL 33150

7. Name and Address of New Registered Agent

Name ~~None~~ Rev. MARIELLE Philogene  
 Street Address (P.O. Box Number is Not Acceptable)  
6511 N.W. MIAMI PL  
 City MIAMI FL Zip Code 33150

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 Rev. Marielle Philogene President

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

(NOTE: Registered Agent signature required when reinstating)

08/24/2000

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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

TITLE	<b>P D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILOGENE, MARIELLE REV.</b>	
STREET ADDRESS	<b>6511 N.W. MIAMI PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILOGENE, FRANCK</b>	
STREET ADDRESS	<b>6511 N.W. MIAMI PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>S D</b>	<input type="checkbox"/> Delete
NAME	<b>LAFONTANT, TAMARA</b>	
STREET ADDRESS	<b>8012 N.E. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DELVA, GESNER DR.</b>	
STREET ADDRESS	<b>85 NE 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: SIGNATURE REQUIRED Rev. Marielle Philogene 08/24/00/305/754-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)