

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90726 015 \*\*\*\*70.00

**DOCUMENT # N96000005659**

1. Entity Name

**END TIME MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**14853 NW 7TH AVENUE  
 MIAMI FL 33168**

**6511 NW MIAMI PLACE  
 MIAMI FL 33150**

2. Principal Place of Business

**14853 N.W. 7th AVE**

3. Mailing Address

**6511 N.W. MIAMI PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0730108**

Applied For

Not Applicable

Zip  
**33168**

Country  
**U.S.A.**

Zip  
**33168**

Country  
**U.S.A.**

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

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

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

*Rev. Marielle Philogene, REV. MARIELLE PHILOGENE* **PD 05/01/02**

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 **P D**  Delete  
 NAME **PHILOGENE, MARIELLE REV.**  
 STREET ADDRESS **6511 N.W. MIAMI PLACE**  
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP D**  Delete  
 NAME **PHILOGENE, FRANCK**  
 STREET ADDRESS **6511 N.W. MIAMI PLACE**  
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S D**  Delete  
 NAME **LAFONTANT, TAMARA**  
 STREET ADDRESS **8012 N.E. 7TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **POUX, MARIE**  
 STREET ADDRESS **35 NE 64 TERRACE APT 23**  
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Rev. Marielle Philogene, MARIELLE PHILOGENE* **PD 05/01/02 (305)7543533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)