

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004602

1. Entity Name

BEAUTIFUL BRANCH MINISTRIES INTERNATIONAL INC.

Principal Place of Business

8734 GROVE TERRACE, #140
TEMPLE TERRACE FL 33617

Mailing Address

PO BOX 290132
TAMPA FL 33687-0132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3519278

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

AYANA AUGUSTINE, MYS
8734 GROVE TERRACE, #140
TEMPLE TERRACE FL 33617

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D AUGUSTINE, AYANA MYS
8734 GROVE TERRACE, #140
TEMPLE TERRACE FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8000003415578-00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JACKSON, MERVLYN
2819 CONNINTON DR
HEPZEBEH GA 30815 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-10/05/00-0102000 ☐ Change ☐ Addition
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PRICE, GWENDOLYN
4300 GRAPE STREET., #1
ANCHORAGE AK 99508 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Joan marcello Hewing
#2-2ave North Gumbert
Commonwealth of dominica ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

091800

FILED

00 SEP 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)