

2000 UNIFORM BUSINESS REPORT (UBR)

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* 4

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-24-2000 90023 001 ****61.25
05-24-2000 90023 002 *****8.75

DOCUMENT # N99000003489

1. Entity Name

REV. S.W. CARLINE INT'L MINISTRIES, INC.

Principal Place of Business Mailing Address

556 NW 46 STREET
MIAMI FL 33137

556 NW 46 STREET
MIAMI FL 33127-2673

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

65-1012667

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

CARLINE, S W
556 NW 46 STREET
MIAMI FL 33137

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code 33127

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 | P | <input type="checkbox"/> Delete |
| NAME | CARLINE, S W | |
| STREET ADDRESS | 556 NW 46 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CARLINE, W F | |
| STREET ADDRESS | 556 NW 46 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CHATMAN, KRISTLE | |
| STREET ADDRESS | 556 NW 46 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MCNAIR, LINDA | |
| STREET ADDRESS | 556 NW 46 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 one attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/00 305-512-0827

CR2E037 (9/99)