FROM :MAIN ST USA FAX NO. :19543857895

FILED
Jul 01, 2002 8:00 am
Secretary of State
05-13-2002 90077 018 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093260

1. Entity Name
CARIBBEAN GOSPEL, INC.

DO NOT WRITE IN THIS SPACE

37100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1627 QUAIL COURT		1627 QUAIL COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON, FLORIDA		City & State: WESTON, FLORIDA	
Zip: 33327	Country: U.S.A.	Zip: 33327	Country: USA

4. FEI Number: 01-0619190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: COLLETTE BROWNE
Street Address (P.O. Box Number is Not Acceptable): 1627 QUAIL COURT
City: WESTON FL Zip Code: 33327

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 COLLETTE BROWNE [signature] 6/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	HALDANE BROWNE	NAME	
STREET ADDRESS	1627 QUAIL COURT	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	
TITLE	V/S	TITLE	
NAME	COLLETTE BROWNE	NAME	
STREET ADDRESS	1627 QUAIL COURT	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/02 954-385-7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #