

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90101 036 ****70.00

DOCUMENT # N93000000765

1. Entity Name

TEMPLE OF THE MAGNIFICENT PRESENCE OF GOD, INC.

Principal Place of Business

**1800 PALM AV.
 HIALEAH FL 33010**

Mailing Address

**1800 PALM AV.
 HIALEAH FL 33010
 US**

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

65-0400111

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

**MACHADO, RAFAEL H
 8440 NW 40TH STREET
 SUNRISE FL 33322**

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**

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	PD	<input type="checkbox"/> Delete
NAME	MACHADO, RAFAEL H	
STREET ADDRESS	8440 NW 25TH CT.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOICOECHEA, JOSE G	
STREET ADDRESS	4260 SW 40TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, EUNICE	
STREET ADDRESS	8440 NW 25TH CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESMERALDA	
STREET ADDRESS	4400 NW 12 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIAS, RAMONA	
STREET ADDRESS	8250 SW 13 TERR	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, MAYRA	
STREET ADDRESS	4648 SW 33 DR	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

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	
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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: _____

ESMERALDA RODRIGUEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305-888-9399
 Date Daytime Phone #

CR2E037 (10/00)