

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 015 ****61.25

DOCUMENT # 717830

1. Entity Name

APOSTOLIC MIRACLE TEMPLE OF NEW JERUSALEM, INC.

Principal Place of Business

5000 NW 46TH ST
FL 33142

Mailing Address

2915 NW 46 ST
MIAMI FL 33142-4425

00033786

Principal Place of Business

Suite, Apt. #, etc.

Church
City & State
Miami FLA

Zip

Country

3. Mailing Address

2915 NW 46 ST
Suite, Apt. #, etc.

Home
City & State
Miami FLA

Zip

Country

33142



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

DAVIS
HORACE PASTOR
2915 N.W. 46TH STREET
MIAMI FL 33142

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: Horace Davis PASTOR (NOTE: Registered Agent signature required when reinstating)

DATE

3-3-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, FREDDIE ESTHER	
STREET ADDRESS	2939 NW 46TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARRO, WILLIAM	
STREET ADDRESS	2939 NW 45TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, PAULINE	
STREET ADDRESS	2939 NW 46TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, FREDIE	
STREET ADDRESS	2939 NW 46TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, FREDIE MAE	
STREET ADDRESS	2939 NW 46TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, HORACE	
STREET ADDRESS	2939 NW 46TH ST	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
CITY-ST-ZIP		

MINNIE DAVIS
2939 NW 46 ST
MIAMI FLA 33142

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: Horace Davis REQUIRED

March 1 - 2000

Date

Daytime Phone #

CR2E037 (9/99)