

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000051

1. Entity Name

MIRAMAR PRAISE AND WORSHIP CENTER, INC.

Principal Place of Business

2700 RHONE WAY  
MIRAMAR FL 33025

Mailing Address

2700 RHONE WAY  
MIRAMAR FL 33025

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

65-1075248

☒ 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

FREYRE, ARTHUR M  
328 MINORCA AVE 2ND FL  
CORAL GABLES FL 33134-4304

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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 P  
NAME GIBSON, DARRELL L  
STREET ADDRESS 2700 RHONE WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE S  
NAME GIBSON, STEPHANIE  
STREET ADDRESS 2700 RHONE WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE CFA  
NAME HAMPTON, TIMOTHY  
STREET ADDRESS 2700 RHONE WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE COL  
NAME HODGES, DAVID L  
STREET ADDRESS 2700 RHONE WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE V  
NAME COLLINS, FRED  
STREET ADDRESS 20635 NW 20 AVE  
CITY-ST-ZIP MIAMI FL 33058

TITLE CFO  
NAME GEDDES, LLOYD G SR  
STREET ADDRESS 18805 NW 39 PLACE  
CITY-ST-ZIP MIAMI FL 33055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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 of the information required.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime phone #

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

03-11-2002 90035 033 \*\*\*\*61.25

23380



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Feb 22, 2002 (305) 807-8802  
(305) 807-8802