

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008230

1. Entity Name

HOUSE OF PRAYER AND MIRACLE CENTER, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90024 037 ****61.25

Principal Place of Business

9533 CLARIDGE DRIVE
MIRAMAR FL 33025

Mailing Address

8533 CLARIDGE DRIVE
MIRAMAR FL 33025

2. Principal Place of Business

AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

270003903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABIO, HERBERT
7231 SW 130 AVENUE
MIAMI FL 33183

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete

NAME IDOWU, BOLATIO
STREET ADDRESS 8533 CLARIDGE DRIVE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE SD ☐ Delete

NAME OBOHAD, GODWIN
STREET ADDRESS 8420 SHOWMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL 33025

TITLE TD ☐ Delete

NAME BUSH, SANDI
STREET ADDRESS P.O. BOX 013031
CITY-ST-ZIP MIAMI FL 33101

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02

Date

Daytime Phone #

CR2E037 (9/01)