

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90025 001 \*\*\*\*61.25  
 01-27-2001 90025 002 \*\*\*\*8.75

**DOCUMENT # N12899**

1. Entity Name

HOUSE OF GOD 100, INC.

Principal Place of Business

3190 N.W. 44TH ST  
 MIAMI FL 33142  
 US

Mailing Address

% BERNICE K. FRAZIER  
 3190 NW 44TH STREET  
 MIAMI FL 33137

23343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3190 NW 44 ST.  
 Suite, Apt. #, etc.

3. Mailing Address

3190 NW 44 ST  
 Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI FLA

4. FEI Number

NOT APPLICABLE

Applied For  
 Not Applicable

Zip

33127

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, BERNICE K.  
 3190 NW 44TH STREET  
 MIAMI FL 33127

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

Bernice K. Frazier

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  
 NAME FRAZIER, BERNICE K.  
 STREET ADDRESS 320 NW 47TH STREET  
 CITY-ST-ZIP MIAMI FL

TITLE PD  
 NAME FRAZIER, JAMES  
 STREET ADDRESS 320 NW 47TH STREET  
 CITY-ST-ZIP MIAMI FL

TITLE VCD  
 NAME MIYOUNG, MARGIE LEE  
 STREET ADDRESS 2210 N.W. 167TH STREET  
 CITY-ST-ZIP MIAMI FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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TITLE  
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 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:

Bernice K. Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/00 (305) 7511753

CR2E037 (10/00)