

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26937**

1. Entity Name

MISHKAN T'HILLAH (TABERNACLE OF PRAISE) WORSHIP**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90039 035 ****61.25

Principal Place of Business Mailing Address

2820 N.W. 167TH TERRACE
MIAMI FL 33056
US2820 N.W. 167TH TERR.
MIAMI FL 33056-4430
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

65-0102818

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

HARBIN, WILBUR T., SR.
3316 ONYX ROAD
MIRAMAR FL 33025

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 \$61.259. 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 ☐ Delete
NAME PD
STREET ADDRESS HARBIN, WILBUR T., SR.
CITY-ST-ZIP 3316 ONYX ROAD
MIRAMAR FLTITLE ☐ Delete
NAME VD
STREET ADDRESS BROWN, YVONNE
CITY-ST-ZIP 2735 RIVER RUN CIRCLE EAST
MIRAMAR FL 33025TITLE ☐ Delete
NAME STD
STREET ADDRESS SILVERA, MADGE
CITY-ST-ZIP 3317 GARNET RD
MIRAMAR FLTITLE ☐ Delete
NAME TR
STREET ADDRESS FARMER, EDRICKA
CITY-ST-ZIP 3301 NW 182ND STREET
MIAMI FL 33055TITLE ☐ Delete
NAME TR
STREET ADDRESS MOODY, BRIGETTE
CITY-ST-ZIP 20014 NW 12 PL
MIAMI FL 33169TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Wilbur T. Harbin* **WILBUR T. Harbin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/00 (954) 431-0797

Date

Daytime Phone #