

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006224

1. Entity Name

CHURCH HOUSE OF PRAISE N.M.B., INC.

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90005 026 \*\*\*\*61.25

0091821

Principal Place of Business

Mailing Address

2054 NE 155 ST.  
N. MIAMI BEACH FL 33163

P.O. BOX 63006  
N. MIAMI BEACH FL 33163

CU070725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2054 NE 155 ST.  
Suite, Apt. #, etc.

2054 NE 155 ST.  
Suite, Apt. #, etc.

City & State

No. Miami Beach, FL

City & State

No. Miami Beach, FL

4. FEI Number

65-0568313

Applied For

Not Applicable

Zip

33163

Country

USA

Zip

33163

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, REYNALDO  
2385 NE 184TH TERRACE  
MIAMI FL 33160

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 D ☐ Delete  
NAME MARTINEZ, REYNALDO  
STREET ADDRESS 2385 NE 184TH TERRACE  
CITY-ST-ZIP MIAMI FL 33160

TITLE D ☐ Delete  
NAME SEOANE, NIEVES D EL  
STREET ADDRESS 2385 NE 184TH TERRACE  
CITY-ST-ZIP MIAMI FL 33160

TITLE D ☐ Delete  
NAME MONAHAN, WILLIAM J EL  
STREET ADDRESS 2148 NE 180TH STREET  
CITY-ST-ZIP NO. MIAMI BEACH FL 33144

TITLE D ☐ Delete  
NAME MYRUSKI, GERARD J  
STREET ADDRESS 1121 NE 210TH TERRACE  
CITY-ST-ZIP MIAMI FL 33179

TITLE D ☐ Delete  
NAME ESTEVES, MISAEL  
STREET ADDRESS 11511 NW 89TH COURT  
CITY-ST-ZIP MIAMI FL 33016

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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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:

*Nieves D. Seoane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01

305 931-3597

CR2E037 (10/00)