

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003454

1. Entity Name

HOUR HOUSE MINISTRIES, INC.

**FILED**  
Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90013 028 \*\*\*\*61.25

Principal Place of Business

2527 OPA LOCKA BLVD.  
SUITE E-102  
OPA LOCKA FL 33054

Mailing Address

PO BOX 1699  
MIAMI FL 33055-4699  
US

2. Principal Place of Business

12939 SW 27th St

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

Same as above

Zip

33027

Country

DADE

Zip

Same as above

Country

4. FEI Number

65-0686098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AWAMY, MICHAEL A  
17241 N.W. 52 AVENUE  
MIAMI FL 33055-4010

7. Name and Address of New Registered Agent

Name AWAMY, Michael A

Street Address (P.O. Box Number is Not Acceptable)  
12939 SW 27th St.

City

MIRAMAR

FL

Zip Code

33055

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 NAME STREET ADDRESS CITY-ST-ZIP	D AWAMY, MICHAEL A 17241 N.W. 52 AVENUE MIAMI FL 33055-4010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AWAMY, CLARA 17241 N.W. 52 AVENUE MIAMI FL 33055-4010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHAUN 17241 N.W. 52 AVENUE MIAMI FL 33055-4010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 954-437-0204  
Date Daytime Phone #

CR2E037 (10/00)