

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N96000003454

1. Entity Name
HR HOUSE MINISTRIES, INC.

Principal Place of Business Mailing Address
 2527 OPA LOCKA BLVD. PO BOX 1699
 SUITE E-102 MIAMI FL 33055-4010
 OPA LOCKA FL 33054 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 12939 SW 27th St Same as above
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 Miramar FL 65-0686098 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 33027 Dade

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] Date: 2/2/01 Daytime Phone #: 954-437-0204

CR2E037 (10/00)