

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010240

1. Entity Name

HOUSE OF GOD MIRACLE TEMPLE SHOP, INC.

Principal Place of Business

Mailing Address

16014 NW 27TH AVE.  
MIAMI FL 33056

16014 NW 27TH AVE.  
MIAMI FL 33054-6804

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

65-0723538

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

SWAIN, MAMIE  
16014 NW 27TH AVE.  
MIAMI FL 33056

Name

Kenneth R. Allen Jr.

Street Address (P.O. Box Number is Not Acceptable)

410 NW 139th Street

City

Miami

FL

Zip Code

33168

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

Mamie Swain President

3-7-2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SWAIN, MAMIE  
STREET ADDRESS 16030 NW 27TH AVE.  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE VPD  
NAME WATSON, VERNELL  
STREET ADDRESS 1480 N.W. 27TH AVE.  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE SD  
NAME ALLEN-JOHNSON, LENORA  
STREET ADDRESS 1146 JANN AVENUE  
CITY-ST-ZIP MIAMI FL 33054 ☐ Delete

TITLE TD  
NAME SHAW-BYNUM, REBECCA  
STREET ADDRESS 2780 N.W. 1  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mamie Swain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

305-40-2094

Daytime Phone #

CR2E034 (9/99)