

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08377

1. Entity Name

MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90183 004 \*\*\*\*61.25

Principal Place of Business	Mailing Address
%SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147	%SELWYN SCOTT 2085 NW 97TH STREET MIAMI FL 33147-2549



DO NOT WRITE IN THIS SPACE

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	Applied For
59-2246098	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SCOTT, SELWYN  
 2085 NW 97TH STREET  
 MIAMI FL

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELWYN, SCOTT	
STREET ADDRESS	1021 NW 200TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLAIR, J.M.	
STREET ADDRESS	1100 NW 116 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMMONS, VALGENE	
STREET ADDRESS	7520 ALHAMBRA BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKE, KEITH	
STREET ADDRESS	19740 N.W. 4TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, ELMER	
STREET ADDRESS	360 N.W. 102 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEYMORE, RODERICK	
STREET ADDRESS	2680 N.W. 123 ST.	
CITY-ST-ZIP	MIAMI FL 33163	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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 or without other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2, 2000 (305) 693-1356

Date Daytime Phone #

CR2E037 (9/99)