

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90005 003 \*\*\*\*70.00

0040528

**DOCUMENT # N08377**

1. Entity Name

**MIAMI REVIVAL TABERNACLE ASSEMBLY OF GOD, INC.**

Principal Place of Business

Mailing Address

%SELWYN SCOTT  
 2085 NW 97TH STREET  
 MIAMI FL 33147

%SELWYN SCOTT  
 2085 NW 97TH STREET  
 MIAMI FL 33147

920798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2246098**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 an other like empowered.

SIGNATURE:

*SIGNATURE OF SELWYN SCOTT*

January 30, 2001 (305)693-1356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)