

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90048 036 \*\*\*\*61.25

**DOCUMENT # N96000000682**

1. Entity Name

**REVIVAL FIRE MINISTRIES, INC.**

Principal Place of Business

5240 NW 7TH AVE  
 MIAMI FL 33127  
 US

Mailing Address

PO BOX 472005  
 MIAMI FL 33247-2005  
 US

00010400



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

**65-0694626**

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

**BENTLEY, ROBERT**  
**2940 NW 98 STREET**  
**MIAMI FL 33147**

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  Delete  
 NAME **VD BENTLEY, GWENDOLYN**  
 STREET ADDRESS **2940 NW 98 STREET**  
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
 NAME **PD ROBERT BENTLEY**  
 STREET ADDRESS **2940 N.W. 98 ST**  
 CITY-ST-ZIP **MIAMI, FLA. 33147**

TITLE  Delete  
 NAME **VSD BENTLEY, GWENDOLYN**  
 STREET ADDRESS **2940 NW 98TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **VSD GWENDOLYN BENTLEY**  
 STREET ADDRESS **2940 N.W. 98 ST**  
 CITY-ST-ZIP **MIAMI, FLA. 33147**

TITLE  Delete  
 NAME **TD BENTLEY, MARY**  
 STREET ADDRESS **760 NW 64TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **TD MARY BENTLEY**  
 STREET ADDRESS **760 N.W. 64th ST**  
 CITY-ST-ZIP **MIAMI, FLA. 33150**

TITLE  Delete  
 NAME **D BENTLEY, MARY**  
 STREET ADDRESS **760 NW 64 STREET**  
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Robert Bentley*  
**ROBERT BENTLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-28-00 (305) 707-348**