


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE

DOCUMENT # P01000088795

1. Entity Name
REVELATION BUSINESS, CORP.



FILED

03 MAY 28 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5440 STATE ROAD 7
221
FORT LAUDERDALE FL 33319

Mailing Address
5440 STATE ROAD 7, SUITE 221
FORT LAUDERDALE FL 33319



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address
1888 SALERNO CIR.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES.

City & State
WESTON, FL

4. FEI Number
65-1136772

Applied For
 Not Applicable

Zip
33327

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CADAGAN BUSINESS SOLUTIONS & ASSOC. INC.
5440 STATE ROAD 7
SUITE 221
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PADRON, EDGAR 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS. TABOADA, MARIBEL 5440 STATE ROAD 7, SUITE 221 FORT LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800020778268 06/11/03--01046--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04-26-03* (754) 4230068

Daytime Phone #

CR2E084 (10/02)