

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

65-0694626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, ROBERT
2940 NW 98 STREET
MIAMI FL 33147

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.

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

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

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

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

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

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

TITLE D ☐ Delete
NAME 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 (305) 707-348

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

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

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DO NOT WRITE IN THIS SPACE