

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90287 001 ***131.25

DOCUMENT # 733291

1. Entity Name

MIRACLE REVIVAL FELLOWSHIP OF SOUTH FLORIDA, INC

Principal Place of Business

Mailing Address

**2090 SERVICE ROAD
 OPA-LOCKA FL 33054**

**2090 SERVICE ROAD
 OPA-LOCKA FL 33054**

72261



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

59-1672994

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

**COBBS, ERNEST L
 2090 SERVICE ROAD
 OPA LOCKA FL 33054**

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 ☒ Delete
 NAME COBBS, ERNEST
 STREET ADDRESS 1020 SW 96 AVE
 CITY-ST-ZIP MIRAMAR FL 33025

TITLE PD ☒ Change ☐ Addition
 NAME Cobbs, Ernest L.
 STREET ADDRESS 2090 Service Road
 CITY-ST-ZIP Opa locka, FL 33054

TITLE ST ☐ Delete
 NAME JARRETT, CHRIS
 STREET ADDRESS 2090 SERVICE ROAD
 CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME CONLEY, LENORIA
 STREET ADDRESS 2090 SERVICE ROAD
 CITY-ST-ZIP OPA-LOCKA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME GRANT, ZERONIE N
 STREET ADDRESS 8430 E DIXIE HIGHWAY
 CITY-ST-ZIP MIAMI FL 33138

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:

SIGNATURE REQUIRED

4/27/01 (305) 681-4427

CR2E037 (10/00)