

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90021 001 \*\*\*\*61.25

**DOCUMENT # F93000004874**

1. Entity Name

**THE LOUISVILLE REVIVAL CENTERS INC.**

Principal Place of Business

**815 NE 125TH ST  
N MIAMI FL 33161  
US**

Mailing Address

**815 NE 125TH ST  
N MIAMI FL 33161  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**61-1057752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PARETT, FLO  
815 NE 125 ST  
N MIAMI FL 33161**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRETT, DWIGHT PASTOR	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLURE, INA	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLO, PARRETT	
STREET ADDRESS	1731 SW 87TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 NE 125 ST.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 NE 125 ST.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 NE 125 ST	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	815 NE 125 ST	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**DWIGHT PARRETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**305 892 0008**

Daytime Phone #

CR2E037 (10/00)