

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004874

1. Entity Name

THE LOUISVILLE REVIVAL CENTERS INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90163 028 ****61.25

0006299

Principal Place of Business

Mailing Address

815 NE 125TH ST
N MIAMI FL 33161
US

815 NE 125TH ST
N MIAMI FL 33161
US

80133822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 N.W. 167th ST.

3. Mailing Address

4601 N.W. 167th ST.

Suite, Apt. #, etc.

OFF. # 2

Suite, Apt. #, etc.

OFF. # 2

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

61-1057752

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

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

FLO PARETT

Street Address (P.O. Box Number is Not Acceptable)

4601 N.W. 167th ST OFF. # 2

City

MIAMI

FL

Zip Code

33055

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

FLO PARETT

[Signature]

7/23/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	815 NE 125 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLURE, INA	
STREET ADDRESS	815 NE 125 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLO, PARRETT	
STREET ADDRESS	815 NE 125 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	815 NE 125 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 NW 167th ST. OFF. # 2	
STREET ADDRESS	MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 NW 167th ST OFF. # 2	
STREET ADDRESS	MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 NW 167th ST OFF. # 2	
STREET ADDRESS	MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 NW 167th ST OFF. # 2	
STREET ADDRESS	MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 NW 167th ST	
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:

[Signature]

DWIGHT PARRETT 7/2/02 305 6223123

CR2E037 (4/02)