

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90220 001 ***61.25

DOCUMENT # N02000004812

1. Entity Name
HEART OF FIRE MINISTRIES, INC.



Principal Place of Business
~~1021 N.W. 27TH COURT~~
~~MIAMI FL 33125~~

Mailing Address
~~1021 N.W. 27TH COURT~~
~~MIAMI FL 33125~~

2. Principal Place of Business
14462 SW 285 Terrace
Suite, Apt. #, etc.

3. Mailing Address
14462 SW 285 Terrace
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Homestead FL
Zip
33033
Country
USA

City & State
Homestead, FL
Zip
33033
Country
USA

4. FEI Number
81-0563269

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRATHAFLAKIS, ANTHONY C
~~1021 N.W. 27TH COURT~~
~~MIAMI FL 33125~~

Name spelling
correction →

7. Name and Address of New Registered Agent

Name
Anthony C. Prathaftakis
Street Address (P.O. Box Number is Not Acceptable)
14462 SW 285 Terrace
City
Homestead FL Zip Code
33033

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 **Anthony C. Prathaftakis**
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered agent signature required when re-registering)

3-15-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATHAFLAKIS, ANTHONY C 1021 N.W. 27TH COURT MIAMI FL 33125	<input checked="" type="checkbox"/> Delete Correct Name Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATHAFLAKIS, GLORIA M 1021 N.W. 27TH COURT MIAMI FL 33125	<input checked="" type="checkbox"/> Delete Correct Name Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLHR, DAVID L 1021 N.W. 27TH COURT MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony C. Prathaftakis 14462 SW 285 Terrace Homestead, FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gloria M. Prathaftakis 14462 S.W. 285 Terrace Homestead, FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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]* **Gloria M. Prathaftakis** **3/15/03** **(786) 390-9727 cell** **(954) 364-4371**

CR2E037 (10/02)