

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001854

1. Entity Name

RESTORATION MINISTRIES INTERNATIONAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90794 016 ****61.25

Principal Place of Business

Mailing Address

PMB 308
13730 STATE ROAD 84
DAVIE FL 33325-5304

PMB 308
13730 STATE ROAD 84
DAVIE FL 33325-5306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

POWELL, MICHAEL S
12565 SW 14TH ST.
DAVIE FL 33325

Name

BLAKE J. MATTHEWS

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

741 SW 148th Avenue, #704

City

SUNRISE

FL

Zip Code

33325

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 BLAKE J. MATTHEWS / PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/25/2000
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 MATTHEWS, BLAKE J
STREET ADDRESS 12565 SW 14TH ST.
CITY-ST-ZIP DAVIE FL 33325

TITLE PD ☒ Change ☐ Addition
NAME MATTHEWS, BLAKE J.
STREET ADDRESS 13730 SR 84, PMB 308 741 SW 148th Ave, #704
CITY-ST-ZIP DAVIE FL 33325-5304 SUNRISE, FL 33325

TITLE TD ☒ Delete
NAME STEPHEN, MICHAEL
STREET ADDRESS 12565 SW 14TH ST.
CITY-ST-ZIP DAVIE FL 33325

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

TITLE SD ☒ Delete
NAME LEE, REBECCA A
STREET ADDRESS 12565 SW 14TH ST.
CITY-ST-ZIP DAVIE FL 33325

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

TITLE D ☐ Delete
NAME MARKGRAF, CHARLES B
STREET ADDRESS 12565 SW 14TH ST.
CITY-ST-ZIP DAVIE FL 33325

TITLE VD ☒ Change ☐ Addition
NAME MARKGRAF, CHARLES B
STREET ADDRESS 13730 SR 84, PMB 308 741 SW 148th Ave, #704
CITY-ST-ZIP DAVIE FL 33325-5304 SUNRISE FL 33325

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:

BLAKE J. MATTHEWS (PRESIDENT) 4/25/2000 (561) 241-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)