

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088795

1. Entity Name
REVELATION BUSINESS, CORP.



FILED

03 MAY 28 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5440 STATE ROAD 7
221
FORT LAUDERDALE FL 33319

Mailing Address
5440 STATE ROAD 7, SUITE 221
FORT LAUDERDALE FL 33319

2. Principal Place of Business

3. Mailing Address

1888 SALERNO CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON, FL

4. FEI Number

65-1136772

Applied For

Not Applicable

Zip

Country

Zip

Country

33327

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADAGAN BUSINESS SOLUTIONS & ASSOC. INC.
5440 STATE ROAD 7
SUITE 221
FORT LAUDERDALE FL 33319

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PADRON, EDGAR
5440 STATE ROAD 7, SUITE 221
FORT LAUDERDALE FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800020778268
06/11/03--01046--019 **150.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS.
TABOADA, MARIBEL
5440 STATE ROAD 7, SUITE 221
FORT LAUDERDALE FL 33319

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-03 (754) 4230068

CR2004 (10/02)