

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02908

1. Entity Name

THE REVIVE PRESBYTERIAN CHURCH TABERNACLE OF DAV

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90199 026 ****61.25

Principal Place of Business

Mailing Address

9100 EL PORTAL DRIVE
TAMPA FL 33604

9100 EL PORTAL DRIVE
TAMPA FL 33604-1258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTOLONGO, ISRAEL
3412 W CARACAS ST.
TAMPA FL 33614

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDC	☐ Delete
NAME	SOTOLONGO, ISRAEL J.	
STREET ADDRESS	3412 W CARACAS ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	☐ Delete
NAME	GUZMAN, SOBEIBA	
STREET ADDRESS	4401 N. 15TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DM	☐ Delete
NAME	SOTOLONGO, MARIA I.	
STREET ADDRESS	3412 W CARACAS ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ Delete
NAME	LIMA, ONOFRE	
STREET ADDRESS	6935 W. MOHAWK AVE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	☐ Delete
NAME	SOTOLONGO, ISRAEL, M	
STREET ADDRESS	3412 W CARACA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Isra Sotolongo
SIGNATURE REQUIRED

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000 (813) 897-2613

CR2E037 (9/99)