

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33188

1. Entity Name

REVIVAL EVANGELISTIC CHURCH INC.

FILED

00 FEB -8 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1255 N.E. 11TH ST. APT. E 202 HMD. FL. 33030	1255 N.E. 11TH ST. APT. E 202 HMD. FL. 33030

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0200551	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

CINTRON, VICTOR M.
16316 S.W. 303 STREET
HOMESTEAD, FL. 33033

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	CINTRON, VICTOR M.	NAME	
STREET ADDRESS	16316 S.W. 303 ST.	STREET ADDRESS	400003136594--9
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP	-02/16/00--01007--001
TITLE	SVP	TITLE	*****61.25
NAME	ROSADO RIVERA, CARMEN	NAME	*****61.25
STREET ADDRESS	16316 S.W. 303 ST.	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL. 33033	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PADILLA, NIULKA	NAME	
STREET ADDRESS	1255 NE. 11TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL. 33030	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RAFFORD, VIDIALIS	NAME	
STREET ADDRESS	8900 S.W. 142 AVE. APT. 309	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Niulka Padilla* Niulka Padilla 02-04-00 245-6312 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)