

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90090 001 ****61.25

0034149

DOCUMENT # N33188

1. Entity Name

REVIVAL EVANGELISTIC CHURCH INC.

Principal Place of Business

1255 N.E. 11TH STREET
APT. E 202
HOMESTEAD FL 33030
0

Mailing Address

1255 N.E. 11TH STREET
APT. E 202
HOMESTEAD FL 33030
0

00005650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0200551

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

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

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

TITLE **PD** ☐ Delete
NAME **CINTRON, VICTOR M**
STREET ADDRESS **16316 S.W. 303 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **SVP** ☐ Delete
NAME **ROSADO RIVERA, CARMEN**
STREET ADDRESS **16316 S.W. 303 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **D** ☐ Delete
NAME **PADILLA, NIULKA**
STREET ADDRESS **1255 N.E. 11TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **D** ☐ Delete
NAME **RAFFORD, VIDIALIS**
STREET ADDRESS **8900 SW 142 AVENUE, APT. 309**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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: NIULKA PADILLA 01-14-01(305)248-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)