2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33188

1. Entity Name

REVIVAL EVANGELISTIC CHURCH INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90477 021 ****61.25

					<u> </u>					
Principal Place		Mailing Address								
1255 N.E. 11TH STREET APT. E 202 HOMESTEAD FL 33030 0 2. Principal Place of Business	APT. E 202 HOMESTEAD FL 33030 0									
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9	Ci	City & State			4. FEI Number 6	4. FEI Number 65-0200551 Applied For Not Applied			
Zip	Country	Zi	o	Coun	ry	5. Certificate of Status Desired S8.75 Additional Fee Required			itional	
6. Name and Address of Current Re			ed Agent	<u> </u>		7. Name and Address of New Registered Agent				
	ν				Name	***				
CINTRON, VICTOR M 16316 S.W. 303 STREET			Street Address			s (P.O. Box Number is Not Acceptable)				
HOMESTEAD FL 33033							at."			
					City			FL	Zip Code	•
8. The above	named entity submits this statement	for the purp	ose of changing its	registerec	office or regi	stered agent, or both, in	n the State of Florida	. I am famili	iar with, a	and accept
the obligat	ions of registered agent.									
SIGNATURE .		, 		-			<u>_</u> رحم حماض			
SIGNATORIL, 2	Signature, typed or printed name of registered age	ent and title if ap	olicable. (NOTE	E: Registered /	agent signature req	quired when reinstating)		DATE		
<u> </u>										
FILE NOW: FEE IS \$61.25			 9. Election Campaign Financing Trust Fund Contribution. 			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
ϵ^{i}			nastrana c	Johnnadio	n. L)	Added to rees	Fiorida	bepai une	111. 01. 0	itate
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANG	GES TO OFFICERS	AND DIREC	TORS IN	10
TITLE	PD		☐ Delete TITL						Change	☐ Addition
NAME	CINTRON, VICTOR M 16316 S.W. 303 STREET		MAM :		ADDRESS					
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL 33033				T-ZIP					
TITLE	SVP		☐ Delete	TITLE		***			Change	Addition
NAME	ROSADO RIVERA, CARMEN		NAM							
STREET ADDRESS	16316 S.W. 303 STREET			STREET CITY-S	ADDRESS T- 7IP					
CITY-ST-ZIP	HOMESTEAD FL 33033		Delete	TITLE	7-211				Change	Addition
TITLE NAME	PADILLA, NIULKA		L Delete	NAME	1				Onlange	
STREET ADDRESS	1255 N.E. 11TH STREET			STREET	ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL 33033			CITY-S	T-ZIP					
TITLE	D MOINTE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	RAFFORD, VIDIALIS 8900 SW 142 AVENUE, APT. 3	nα		NAME STREET	ADDRESS	1				
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	ı	يوالينجسون والجما				
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME				NAME	4000000					
STREET ADDRESS				STREET CITY-S	ADDRESS T-7IP					
CITY-ST-ZIP									Change	☐ Addition
TITLE NAME			☐ Delete	TITLE				Ц	onanye	☐ V@diff(b)
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	T-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: MODERATION ECNIANGA Padilla

01-11-03 (305)248-7030