

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001235

1. Entity Name

CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIA

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90120 029 \*\*\*\*70.00

Principal Place of Business 700 PALM AVENUE HIALEAH FL 33010 US	Mailing Address 4824 SW 136TH PL MIAMI FL 33175-5129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 700 Palm Ave Suite, Apt. #, etc.	3. Mailing Address 8602 N.W. 192 Ln Suite, Apt. #, etc.
City & State Hialeah, FL	City & State Miami, FL
Zip 33010	Country Dade

4. FEI Number 65-0410163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHACON, LUIS  
 4824 SW 136TH PL  
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name  
Aurelio A. Gomez

Street Address (P.O. Box Number is Not Acceptable)  
8602 N.W. 192 Ln

City  
Miami, FL

Zip Code  
33015

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 REV. Aurelio Gomez AURELIO A. GOMEZ 4/18/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, AURELIO A 6930 NW 186 ST, 4517 MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHACON, BETTY 4824 SW 136TH PL MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHACON, LUIS 4824 SW 136 ST MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZO, DARLING 7100 NW 179 ST 207 MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ANA 6930 NW 186 ST 517 MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, GUARINA 6345 NW 201 LN MIAMI FL 33015	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, AURELIO A 8602 N.W. 192 Ln MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARINA TORNA 6790 N.W. 186 St MIAMI, FL. 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLAUDIA LOPEZ 15326 S.W. 72 ST 22 MIAMI, FL. 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZO DARLING 7025 N.W. 179 ST 107 MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ANA L. 8602 N.W. 192 LN MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: REVEREND AURELIO A. GOMEZ AURELIO A. GOMEZ 4/18/00 305-819-7598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)