

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

2. Principal Place of Business

700 Palm Ave
Suite, Apt. #, etc.

3. Mailing Address

8602 N.W. 192 Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Miami, FL

4. FEI Number

65-0410163

Applied For

Not Applicable

Zip

33010

Country

Dade

Zip

33015

Country

Dade

5. Certificate of Status Desired

☒ \$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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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)