

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90108 035 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000001235
1. Entity Name
 CHRISTIAN CHURCH REVIVAL TEMPLE
 (IGLESIA CRISTIANA TEMPLO DEL AVIVAMIENTO) INC

Principal Place of Business **Mailing Address**
 700 PALM AVE 8602 N.W. 192 LN
 HIALEAH, FL. 33010 MIAMI, FL. 33015

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

City & State **City & State**
 Zip Country Zip Country

4. FEI Number **INCORPORATED** **Applied For**
 65-0410163 03/16/1993 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 AURELIO A. GOMEZ
 8602 N.W. 192 LN
 MIAMI, FL. 33015

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 04/17/ 2001 **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 AURELIO A. GOMEZ 8602 N.W. 192 LN MIAMI, FL. 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARINA TORNA 6790 N.W. 192 LN.#111 MIAMI, FL. 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLAUDIA LOPEZ 250 AZURE WAY #4 MIAMI, FL. 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DARLING ROZO 6995 N.W. 186 ST # 410 MIAMI, FL. 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANA LIA GOMEZ 8602 N.W. 192 LN MIAMI, FL. 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANA LIA GOMEZ 8602 N.W. 192 LN MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AURELIO A. GOMEZ 8602 N.W. 192 LN MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLAUDIA LOPEZ 250 AZURE WAY #4 MIAMI, FL. 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DARLING ROZO 6995 N.W. 186 ST #410 MIAMI, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIBEL GIL 8828 N.W. 119 SW MIAMI, FL. 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Rev. Ana Lia Gomez* ANA L GOMEZ 04/17/ 2001 (305) 829-7598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)