

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

**700 PALM AVE
 HIALEAH, FL. 33010**

Mailing Address

**8602 N.W. 192 LN
 MIAMI, FL. 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

INCORPORATED

Applied For

65-0410163

03/16/1993

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

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 A. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **AURELIO A. GOMEZ**
 STREET ADDRESS **8602 N.W. 192 LN**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **DP** ☐ Change ☐ Addition
 NAME **ANA LIA GOMEZ**
 STREET ADDRESS **8602 N.W. 192 LN**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **DVP** ☒ Delete
 NAME **MARINA TORNA**
 STREET ADDRESS **6790 N.W. 192 LN.#111**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **DVP** ☐ Change ☐ Addition
 NAME **AURELIO A. GOMEZ**
 STREET ADDRESS **8602 N.W. 192 LN**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **DT** ☐ Delete
 NAME **CLAUDIA LOPEZ**
 STREET ADDRESS **250 AZURE WAY #4**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **DT** ☐ Change ☐ Addition
 NAME **CLAUDIA LOPEZ**
 STREET ADDRESS **250 AZURE WAY #4**
 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **DS** ☐ Delete
 NAME **DARLING ROZO**
 STREET ADDRESS **6995 N.W. 186 ST # 410**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **DS** ☐ Change ☐ Addition
 NAME **DARLING ROZO**
 STREET ADDRESS **6995 N.W. 186 ST #410**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **D** ☐ Delete
 NAME **ANA LIA GOMEZ**
 STREET ADDRESS **8602 N.W. 192 LN**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **D** ☐ Change ☐ Addition
 NAME **MARIBEL GIL**
 STREET ADDRESS **8828 N.W. 119 SW**
 CITY-ST-ZIP **MIAMI, FL. 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *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)