

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA LIA GOMEZ	
STREET ADDRESS	8602 N.W. 192 LN	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELIO A. GOMEZ	
STREET ADDRESS	8602 N.W. 192 LN	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIA LOPEZ	
STREET ADDRESS	250 AZURE WAY #4	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLING ROZO	
STREET ADDRESS	6995 N.W. 186 ST #410	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIBEL GIL	
STREET ADDRESS	8828 N.W. 119 SW	
CITY-ST-ZIP	MIAMI, FL. 33018	
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: *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)