

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90213 050 \*\*\*\*70.00

**DOCUMENT # N93000001235**

1. Entity Name

**CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIA NA TEMPLO DEL AVIVAMIENTO), INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**700 PALM AVENUE  
 HIALEAH FL 33010  
 US**

**8602 NW 192ND LANE  
 HIALEAH FL 33015**

2. Principal Place of Business

**700 PALM AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**700 PALM AVENUE**

Suite, Apt. #, etc.

City & State

**HIALEAH FLORIDA**

City & State

**HIALEAH FLORIDA**

4. FEI Number

**65-0410163**

Applied For

Not Applicable

Zip

**33010**

Country

**DADE**

Zip

**33010**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, CLAUDIO  
 700 PALM AVENUE  
 HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name

**MARIA GLADYS CARDONA**

Street Address (P.O. Box Number is Not Acceptable)

**22-10 SW 138 AVENUE**

City

**MIAMI**

**FL**

Zip Code

**33175**

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

*Maria Gladys Cardona*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-22-02.**

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 checked="" type="checkbox"/> Delete
NAME	MEDAL, JOSE	
STREET ADDRESS	700 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, GUARINA	
STREET ADDRESS	700 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, CLAUDIA	
STREET ADDRESS	700 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DIGERONIMO, ORIETA	
STREET ADDRESS	700 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIL, MARIBEL	
STREET ADDRESS	700 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVO, DAVID	
STREET ADDRESS	186 NW 27 AVENUE APTO. 309	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ CLAUDIA V	
STREET ADDRESS	250 AZURE WAY APTO. 4	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS DAYRA	
STREET ADDRESS	18555 COLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDONA MARIA GLADYS	
STREET ADDRESS	2210 SW 138 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGERONIMO ORIETA	
STREET ADDRESS	2405 DEER CREECK RD	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input checked="" 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:

*Maria Gladys Cardona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-22-02 305-207-4023**

Date

Daytime Phone #

CR2E037 (9/01)