

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.**

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

Zip

33010

Country

DADE

Zip

33010

Country

DADE

4. FEI Number

65-0410163

Applied For

Not Applicable

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** ☒ Delete
 NAME **MEDAL, JOSE**
 STREET ADDRESS **700 PALM AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **DV** ☒ Delete
 NAME **BARRETT, GUARINA**
 STREET ADDRESS **700 PALM AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **DT** ☒ Delete
 NAME **LOPEZ, CLAUDIA**
 STREET ADDRESS **700 PALM AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **DS** ☒ Delete
 NAME **DIGERONIMO, ORIETA**
 STREET ADDRESS **700 PALM AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☒ Delete
 NAME **GIL, MARIBEL**
 STREET ADDRESS **700 PALM AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
 NAME **OLIVO, DAVID**
 STREET ADDRESS **186 NW 27 AVENUE APT0. 309**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DV** ☒ Change ☐ Addition
 NAME **LOPEZ CLAUDIA V**
 STREET ADDRESS **250 AZURE WAY APT0. 4**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **DT** ☒ Change ☐ Addition
 NAME **ROJAS DAYRA**
 STREET ADDRESS **18555 COLINS AVENUE**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **DS** ☒ Change ☐ Addition
 NAME **CARDONA MARIA GLADYS**
 STREET ADDRESS **2210 SW 138 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☒ Change ☐ Addition
 NAME **DIGERONIMO ORIETA**
 STREET ADDRESS **2405 DEER CREECK RD**
 CITY-ST-ZIP **WESTON FL 33327**

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:

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)