

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90168 019 \*\*\*\*70.00

**DOCUMENT # N93000001235**

1. Entity Name

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



Principal Place of Business

**700 PALM AVENUE  
HIALEAH FL 33010  
US**

Mailing Address

**700 PALM AVENUE  
HIALEAH FL 33010  
US**

2. Principal Place of Business

**7707 NW 103rd Street  
Suite, Apt. #, etc.  
Hialeah Gardens**

3. Mailing Address

**PO Box 160657  
Suite, Apt. #, etc.**

City & State

**Miami FL**

City & State

**Hialeah FL**

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

4. FEI Number **65-0410163**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARDONA, MARIA GLADYS  
22-10 SW 138 AVE  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

**N/A**

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Maria Gladys Cardona*

**05-05-03.**

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **OLIVO, DAVID**  
STREET ADDRESS **186 NW 27 AVENUE APT 309**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **DV** ☒ Delete  
NAME **LOPEZ, CLAUDIA V**  
STREET ADDRESS **250 AZURE WAY APT 4**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **DT** ☐ Delete  
NAME **JIMENEZ, DAYRA**  
STREET ADDRESS **18555 COLINS AVE**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **D** ☐ Delete  
NAME **DIGERONIMO, ORIETA**  
STREET ADDRESS **2405 DEER CREEK RD**  
CITY-ST-ZIP **WESTON FL 33327**

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

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 AVE Apto. 309**  
CITY-ST-ZIP **Miami FL 33055**

TITLE **DV** ☐ Change ☒ Addition  
NAME **GUARINA BARRETT**  
STREET ADDRESS **6345 NW 201 LANE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DT** ☐ Change ☐ Addition  
NAME **DAYRA JIMENEZ**  
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 CREEK 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 or without other like empowered.

SIGNATURE:

*Maria Gladys Cardona*

**05-05-03**

CR2E037 (10/02)