

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91576 025 ****75.00

DOCUMENT # N00000004133

1. Entity Name

HOLINESS CHURCH OF ZION FOR ALL NATIONS, INC.

Principal Place of Business

Mailing Address

**11400 NW 12TH AVENUE
 MIAMI FL 33168**

**11400 NW 12TH AVENUE
 MIAMI FL 33168**

2. Principal Place of Business

11400 NW 12 AVE

3. Mailing Address

1128 NW 113 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

650706850

Applied For

Not Applicable

Zip

33168

Country

DADE

Zip

33168

Country

DADE

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

**AUGUSTE, OFFRAND D REV.
 1128 NW 113 TERR.
 MIAMI FL 33168**

Name

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **AUGUSTE, OFFRAND D REV.**
 STREET ADDRESS **11400 NW 12TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **DERUS, MARIE REV.**
 STREET ADDRESS **11400 NW 12TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **AUGUSTE, ORFELY REV.**
 STREET ADDRESS **11400 NW 12TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AUGUSTE D. BILDAD S.**
 STREET ADDRESS **1128 NW 113 TER**
 CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: SIGNATURE REQUIRED OFFRAND D. AUGUSTE

CR2E037 (10/00)