

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004133

1. Entity Name

HOLINESS CHURCH OF ZION FOR ALL NATIONS, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91631 005 \*\*\*\*75.00

Principal Place of Business

Mailing Address

11400 NW 12 AVENUE  
 MIAMI FL 33168

1128 NW 113 TERR  
 MIAMI FL 33168

2. Principal Place of Business

11400 NW 12 AVE  
 Suite, Apt. #, etc.

3. Mailing Address

1128 NW 113 TERR  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI FL

City & State  
 MIAMI FL

4. FEI Number 65-0706850

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

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

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

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: *Res. Officer, Department of State*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02

Date

Daytime Phone #

CR2E037 (9/01)