

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007354

1. Entity Name

ALL NATIONS YOUTH AND COMMUNITY DEVELOPMENT INC.

Principal Place of Business

16951 NE 4TH AVE.  
MIAMI FL 33162

Mailing Address

16951 NE 4TH AVE.  
MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1938242

Applied For

Not Applicable

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

ANTOINE, NOULENE  
20741 NE 4TH CT.  
MIAMI FL 33179

Name JONAS GEORGES

Street Address (P.O. Box Number is Not Acceptable)  
102 NW 109 STREET

City Miami Shores FL Zip Code 33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JONAS GEORGES

8/22/02

After September 13, 2002,  
min. will be \$236.25.

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 SMART, JUNE  
STREET ADDRESS 1750 NE 191ST ST.  
CITY-ST-ZIP MIAMI FL 33162 ☐ Delete

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

TITLE D  
NAME PIERRE, YOLANDE  
STREET ADDRESS 750 NE 199TH ST. 108H  
CITY-ST-ZIP MIAMI FL 33179 ☐ Delete

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

TITLE D  
NAME TEKEH, BEATRICE  
STREET ADDRESS 15725 NW 27TH PL.  
CITY-ST-ZIP MIAMI FL 33024 ☐ 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

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:

JUNE SMART

8/28/02

FILED  
Sep 09, 2002 8:00 am  
Secretary of State

09-09-2002 90014 001 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2037 (4/02)