

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

DOCUMENT # N02000002514

1. Entity Name  
**ANGEL'S COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business

175 NW 128TH STREET  
NORTH MIAMI FL 33168

Mailing Address

175 NW 128TH STREET  
NORTH MIAMI FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0658701

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

33043700

6. Name and Address of Current Registered Agent

**LEVEILLE, LEVICAIRE REV**  
175 NW 128TH STREET  
NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title, 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 NAME STREET ADDRESS CITY-ST-ZIP	PS LEVEILLE, LEVICAIRE REV 175 NW 128TH STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERRE, ALUNE 3200 NW 91ST TERRACE MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y AUGUSTE, MICHEL 120 NE 151ST STREET NORTH MIAMI BEACH FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUZETTE LEVEILLE 175 NW 128 STREET N. Miami, Florida 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUBENS AUGUSTIN 175 NW 128 STREET N. Miami, Florida 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLYRUCTE LEVEILLE 175 NW 128 STREET N. Miami, Florida 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

*Attachment*

*55049739*  
*#N/02000002514*

**ANGEL'S COMMUNITY DEVELOPMENT CORPORATION**  
175 NW 128 STREET \* NORTH MIAMI, FLORIDA 33168  
305-953-9111 \* 305-769-0888

**DIVISION OF CORPORATION**  
**P. O. BOX 1500**  
**TALLAHASSEE, FLORIDA 32302-1500**

**Dear Department of State :**

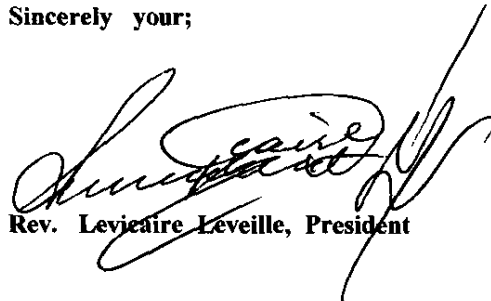
**We made the correction that you ask us to do. You will find the name of the new Officers added to this list.**

1.     **LEVEILLE,    Suzette            Director**  
       175 NW 128 Street  
       North Miami, Florida 33168
  
2.     **AUGUSTIN,   Loubens          Director**  
       175 NW 128 Street  
       North Miami, Florida 33168
  
- 3     **LEVEILLE,   Polyeucte        Director**  
       175 NW 128 Street  
       North Miami, Florida 33168

**Also you will find the : Federal Employer Identification Number (FEIN)**  
**01-0658701**

**Thank very much may the Lord bless you !**

**Sincerely your;**



**Rev. Leveille Leveille, President**