

2000 UNIFORM BUSINESS REPORT (UBR)

5/20

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-26-2000 90021 037 ****61.25

DOCUMENT # **N99000000685**
1. Entity Name **ALL NATIONS FOR CHRIST INC.** *R*

Principal Place of Business **32 NW 54 Street**
MIAMI FL. 33127
Mailing Address **535 NW 123 ST**
N. MIAMI, FL 33168

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
535 NW 123 ST
Suite, Apt. #, etc.

City & State
N. MIAMI, FL

Zip
33168

4. FEI Number
65-0951823
Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Belizario Noel
535 NW 123 ST
N. 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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and fee 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Director/President
Belizario Noel
535 NW 123 ST
N. MIAMI FL. 33168
☐ Delete
Director
Jaqueline Lacorne
565 NE 160 St. N. MIAMI ACH FL 33162
☐ Delete
Director
Ann Carolyn Velez
17907 NW 78 PL
Hialeah FL 33015
☐ Delete
Director
Vitellus Jacques
12910 NE 6 Ave. #2 Mia. FL 33161
☐ Delete
Director
Louis Julio Bataille
735 NE 88 St. Miami FL 33138
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)