

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90152 012 \*\*\*\*61.25

DOCUMENT #N99000000685

1. Entity Name

All NATIONS FOR Christ INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

32 NW 54TH Street

3. Mailing Address

15020 NW 2ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL (33127)

City & State

miami FL 33168

Zip

33127

Country

USA

Zip

33168

Country

USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Belizario Noel

Street Address (P.O. Box Number is Not Acceptable)

15020 NW 2ND Avenue

City

Miami

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

5/20/03

FEE IS \$61.25  
Initial or Amended UBR

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 PD  
NAME Belizario, Noel  
STREET ADDRESS 15020 NW 2ND AVE.  
CITY-ST-ZIP miami FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LACORNE, JACQUELINE  
STREET ADDRESS 565 NE 160 Street  
CITY-ST-ZIP Miami FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME VELEZ, ANN CAROLYN  
STREET ADDRESS 17907 NW 78 PL  
CITY-ST-ZIP HIALEAH FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BATAILLE, LOUIS J  
STREET ADDRESS 735 NE 88 ST  
CITY-ST-ZIP miami FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JACQUES, VITELLUS  
STREET ADDRESS 1660 NE 150 St Apt 109  
CITY-ST-ZIP Miami FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

5/20/03

work -

954-658-6111

CR2E037B (12/02)