

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768901

1. Entity Name

SOUTH FLORIDA JAIL MINISTRIES, INC.

Principal Place of Business

22790 S.W. 112 AVE
MIAMI FL 33170
US

Mailing Address

22790 S.W. 112 AVE
MIAMI FL 33170-7602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBO, JOSE
8855 S.W. 54 ST.
MIAMI FL 33165

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 NAME STREET ADDRESS CITY-ST-ZIP	FD HERNANDEZ, JOSE E DR 1321 NW 13TH STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AYERS, GEORGIA J 710 NW 62ND STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARBO, JOSE 8855 SW 54TH STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BARO, ALICIA S DR 271 NW 64 AVE MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BULLMAN, DICK 131 MADEIRA AVENUE CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEFOOR, J. ALLISON II 90130 OLD HIGHWAY TAVERNIER FL 33070	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Wise James Clarence Rev 11541 SW 220TH STREET GOULDS FL 33170	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARBO, JOSE 8855 S W 54TH STREET MIAMI FL 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY A. ADAIR
MANAGING DIRECTOR

Daytime Phone #

305-235-2416



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2471230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)