2/28

* 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

FILED Mar 30, 2001 8:00 am **DOCUMENT # 768901** Secretary of State 1. Entity Name SOUTH FLORIDA JAIL MINISTRIES, INC. 02-28-2001 90139 034 ****61.25 Principal Place of Business Mailing Address 22790 S.W. 112 AVE 22790 S.W. 112 AVE MIAMI FL 33170 MIAMI FL 33170 33557 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2471230 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Age 6. Name and Address of Current Registered Agent CARBO, JOSE 8855 S.W. 54 ST. **MIAMI FL 33165** B. 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **X** Addition Change Delete TITLE TR TITLE NAME HERNANDEZ, JOSE E DR NAME CLAUDIO PEREZ SW 2007 STREET STREET ADORESS STREET ADDRESS **1321 NW 13TH STREET** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ■ Addition TR ☐ Delete TITLE TITLE AYERS, GEORGIA J NAME NAME STREET ADDRESS 710 NW 62ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition TITLE TR ✓ Delete TITLE NAME: CARBO, JOSE STREET ADDRESS STREET ADDRESS 8855 SW 54TH STREET CITY-ST-ZIP CITY-ST-ZIF MIAM! FL TITLE Change Addition ☐ Delete TITI F TR NAME BARO, ALICIA S DR NAME STREET ADDRESS STREET ADORESS 271 NW 64 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Change ☐ Addition Delete TITI E TITLE TR NAME CARBO, JOSE NAME STREET ADDRESS STREET ADDRESS 8855 SW 54TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Delete TITLE Change Addition TITLE NAME WISE, JAMES C REV NAME STREET ADDRESS STREET ADDRESS 11591 SW 220TH ST CITY-ST-ZIP CITY-ST-ZIP **GOULDS FL 33170** 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 suppliemental 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