

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90269 003 ****70.00

DOCUMENT # 768901

1. Entity Name

SOUTH FLORIDA JAIL MINISTRIES, INC.

Principal Place of Business

Mailing Address

**22790 S.W. 112 AVE
 MIAMI FL 33170
 US**

**22790 S.W. 112 AVE
 MIAMI FL 33170
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-MEDINA, ROLAND J
 MILDERMOTT, WILL & ZMERY
 201 S BISCAYNE BLVD
 MIAMI FL 33170**

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 **FD** ☐ Delete
HERNANDEZ, JOSE E DR
 STREET ADDRESS **1321 NW 13TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **TR** ☐ Delete
AYERS, GEORGIA J
 STREET ADDRESS **710 NW 62ND STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **TR** ☐ Delete
PEREZ, CLAUDIO
 STREET ADDRESS **15255 SW 200TH ST**
 CITY-ST-ZIP **MIAMI FL 33187**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **TR** ☒ Delete
BARO, ALICIA S DR
 STREET ADDRESS **271 NW 64 AVE**
 CITY-ST-ZIP **MIAMI FL 33128**

TITLE NAME **TR** ☐ Change ☒ Addition
 STREET ADDRESS **ott, Walter J.**
7735 NW 53rd St.
Miami, FL 33166
 CITY-ST-ZIP

TITLE NAME **TR** ☐ Delete
CARBO, JOSE
 STREET ADDRESS **8855 SW 54TH ST**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **P** ☐ Delete
WISE, JAMES C REV
 STREET ADDRESS **11591 SW 220TH ST**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 of James C. Wise **James C. Wise** Finance Director 305-235-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)