

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737458

1. Entity Name

MIAMI RESCUE MISSION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90041 044 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2159 NW 1ST COURT P.O. BOX NO. 420620 MIAMI FL 33242-0620 US	2159 NW 1ST COURT P.O. BOX NO. 420620 MIAMI FL 33127-4814 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1743865	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TEW, JEFFREY ALLEN~~  
~~201 S. BISCAYNE BLVD.~~  
~~SUITE 340~~  
MIAMI FL 33131

Name  
Street Address (P.O. Box Number is Not Acceptable) *Suite 2960*  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, FRANKLIN M.	
STREET ADDRESS	2159 NW 1ST COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JACOBS, MAXINE E.	
STREET ADDRESS	2159 NW 1ST COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TEW, JEFFREY ALLEN	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD, SUITE 340	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, ROGER	
STREET ADDRESS	14020 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, WILLIAM	
STREET ADDRESS	941 SWAN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAY, DARYL	
STREET ADDRESS	13800 SW 149 CIRCLE LANE #3	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Moge	
STREET ADDRESS	10321 Juniper Ct	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Perez	
STREET ADDRESS	13305 SW 37 Terrace	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 2960	
CITY-ST-ZIP	33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	825 Wright St.	
CITY-ST-ZIP	Inglewood, FL 34223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33186-8256	

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: *Franklin M. Jacobs* *Franklin M. Jacobs* 2/16/00 305/571-2215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)