

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90841 024 \*\*\*\*61.25

**DOCUMENT # 737458**

1. Entity Name

**MIAMI RESCUE MISSION, INC.**



Principal Place of Business

**2159 NW 1ST COURT  
P.O. BOX NO. 420620  
MIAMI FL 33242-0620  
US**

Mailing Address

**2159 NW 1ST COURT  
P.O. BOX NO. 420620  
MIAMI FL 33242-0620  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1743865**

Applied For

Not Applicable

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

**TEW, JEFFREY ALLEN  
201 S. BISCAYNE BLVD.  
SUITE 2960  
MIAMI FL 33131**

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. 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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JACOBS, FRANKLIN M.	2159 NW 1ST COURT	MIAMI FL 33127	<input type="checkbox"/>
VTD	JACOBS, MAXINE E.	2159 NW 1ST COURT	MIAMI FL 33127	<input type="checkbox"/>
SD	TEW, JEFFREY ALLEN	201 S. BISCAYNE BLVD STE 2600	MIAMI FL 33131	<input type="checkbox"/>
D	GORDON, ROGER	14020 N MIAMI AVE	MIAMI FL 33168	<input type="checkbox"/>
D	LYONS, WILLIAM	825 WRIGHT ST	INGLEWOOD FL 34223	<input type="checkbox"/>
D	MCCRAY, DARYL	13800 SW 149 CIRCLE LANE #3	MIAMI FL 33186-8256	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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** **2/17/03** **305 571-2204**