

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

FILED

DOCUMENT # N01000009053

1. Entity Name

JESUS MIRACLE CENTER, INC.

02 OCT -7 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9701 NW 7TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

30-0001857

Applied For

Not Applicable

Zip

33150-1501

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name APOLINAIRE BAYRO

Street Address (P.O. Box Number is Not Acceptable)

9701 NW 7TH AVENUE

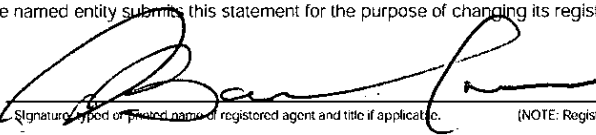
City MIAMI

FL Zip Code 33150-1501

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IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE PRESIDENT D
NAME BAYRO, APOLINAIRE
STREET ADDRESS 8450 NW 169TH TERR
CITY-ST-ZIP MIAMI FL 33016

TITLE
NAME BAYRO, JOSETTE D
STREET ADDRESS 8450 NW 169TH TERR
CITY-ST-ZIP MIAMI FL 33016

TITLE
NAME BAYRO, DORCAS T
STREET ADDRESS 8450 NW 169TH TERR
CITY-ST-ZIP MIAMI FL 33016

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



APOLINAIRE BAYRO

10/02/07 (345) 762-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)