

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006112

1. Entity Name

JESUS MISSION TO FEED THE HUNGRY, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90006 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6109 S.W. 62ND TERRACE  
MIAMI FL 33143

6109 S.W. 62ND TERRACE  
MIAMI FL 33143-2257

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

65-0598647

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

BLOOMGARDEN, PAUL M  
8551 W. SUNRISE BLVD.  
FT LAUDERDALE FL 33322

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRYANT, JUANITA L	6109 S.W. 62ND TERRACE	MIAMI FL 33143	<input type="checkbox"/>
D	BRYANT, FLOYD	6109 S.W. 62ND TERRACE	MIAMI FL 33143	<input type="checkbox"/>
D	SIMMS, ALICE	15930 S.W. 106TH AVE	MIAMI FL 33143	<input type="checkbox"/>
D	PREAL, ROMAIN	18311 N.W. 2ND COURT	MIAMI FL	<input type="checkbox"/>
D	COOPER, GLORIA	3320 OAK AVE	MIAMI FL	<input checked="" type="checkbox"/>
				<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 checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *ROMAIN PREAL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 305-652-5847  
Date Daytime Phone #

CR2E037 (9/99)