

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90249 024 \*\*\*\*61.25

DOCUMENT # *N98000002964*  
 1. Entity Name  
*Judeo Christian Ministries, Inc.*

Principal Place of Business  
*16105 NE 18 Ave*  
*N. Miami Beach, FL*  
*33162*

Mailing Address  
*Same*

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country

4. FEI Number  
*65-0864934*

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

*A0065977*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Rone, Victor K*  
*16105 NE 18 Ave*  
*N. Miami Beach, FL 33162*

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEES \$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

TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Miller, Bryan</i>	
STREET ADDRESS	<i>16105 NE 18 Ave</i>	<i>33162</i>
CITY-ST-ZIP	<i>N. Miami Beach, FL</i>	<del>33163</del>
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Frank Wise</i>	
STREET ADDRESS	<i>16105 NE 18 Ave</i>	<i>33162</i>
CITY-ST-ZIP	<i>N. Miami Beach, FL</i>	<del>33163</del>
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Pedrone, Dino J</i>	
STREET ADDRESS	<i>16105 NE 18 Ave</i>	
CITY-ST-ZIP	<i>NM Beach, FL</i>	<i>33162</i>
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Oscar Ramirez</i>	
STREET ADDRESS	<i>16105 NE 18 Ave</i>	
CITY-ST-ZIP	<i>N.m. Bch, FL</i>	<i>33162</i>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Bryan Miller* *Bryan Miller* *04/24/01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *305-829-7448*

CR2E037 (11/00)