

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004301

1. Entity Name

BIBLE PRISON MINISTRY, INC.

Principal Place of Business

430 N.E. 141ST STREET
MIAMI FL 33161

Mailing Address

430 N.E. 141ST STREET
MIAMI FL 33161-3127

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

05-0955434

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

DEMURO, DANIEL
430 N.E. 141ST STREET
MIAMI FL 33161

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 ☐ Delete
NAME PD
STREET ADDRESS DEMURO, DANIEL
CITY-ST-ZIP 430 N.E. 141ST STREET
MIAMI FL 33161

TITLE ☐ Change ☒ Addition
NAME V.P. JUANA DIMURO
STREET ADDRESS 430 NE 141 St
CITY-ST-ZIP Miami, FLA 33161

TITLE ☐ Delete
NAME VD
STREET ADDRESS DIMURO, CLEMENTE SR.
CITY-ST-ZIP 9041 S.W. 103RD AVENUE
MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS DIMURO, DAVID
CITY-ST-ZIP 14451 PEDIGREE LANE
FORT LAUDERDALE FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS VALCARE, JORGE
CITY-ST-ZIP 13320 S.W. 110TH TERRACE
MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90096 001 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-24-00 - 305-685-5141