2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757835 May 12, 2000 8:00 am Secretary of State 1. Entity Name OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC. 05-12-2000 90068 025 ****70.00 Principal Place of Business : Mailing Address 490 OPA-LOCKA BOULEVARD 490 OPA-LOCKA BOULEVARD SUITE 20 SUITE 20 OPA LOCKA FL 33054 OPA LOCKA FL 33054-3563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2106635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A . 10 Street Address (P.O. Box Number is Not Acceptable) WICK, DANIEL A JR ----490 OPA-LOCKA BLVD. SUITE 20 Zip Code OPA LOCKA FL 33054 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees . : Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE - Delete MARTIN, MICHOC NAMÉ NAME MARTIN, MICHAEL 64 18 N.M 82 nd AVE STREET ADDRESS STREET ADDRESS 4403 NE 73RD STREET Ponkland, Fl CITY-ST-ZIP CITY-ST-7IP CORAL SPGS FL ☐ Change ☐ Addition ☐ Delete :, . TITLE SD TITHE BRDUN, MO NAME NAME BROWN, MARY A STREET ADDRESS STREET ADDRESS 1829 NW 152ND ST CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL Change TITLE ☐ Delete TITLE ☐ Addition NAME PEMBERTON, DAVID MELBERT NAME STREET ADDRESS STREET ADDRESS 2520 N.W. 156TH STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL Delete ---TITLE ☐ Change ☐ Addition TITLE 3481R NASHID NAME SABIR, NASHID STREET ADDRESS STREET ADDRESS 1370 NW 183RD STREET CITY-ST-ZIP CITY-ST-ZIP MÍAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WICK, DANIEL A., JR. STREET ADDRESS STREET ADDRESS 490 OPA-LOCKA BLVD S-20 CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOLLOWAY, WILBERT T. NAME STREET ADDRESS STREET ADDRESS 6231 N.W. 201 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL

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 of vustee 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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

Date

Daytime Phone #