

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18487

1. Entity Name

OPA LOCKA COMMUNITY CLINIC, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90011 032 ***150.00

Principal Place of Business

13880 NW 27TH AVENUE
OPA LOCKA FL 33054
US

Mailing Address

ROGER J MERRITT.ESQ
STE 218 300 41 ST
MIAMI FL 33140
US

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 **65-0051360**

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

MERRITT, ROGER
SUITE 218, 300-41 STREET
MIAMI BEACH FL 33140

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BERMAN, MIKHAIL	
STREET ADDRESS	13880 NW 27TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, such as all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mikhail Berman 2/5/01

(305) 681-2855

Date

Daytime Phone #

CR2E034 (10/00)

813520 # K18487

ROGER J. MERRITT

ATTORNEY AT LAW

SUITE 218, JEFFERSON PLAZA
300 - 41ST STREET (ARTHUR GODFREY ROAD)
MIAMI BEACH, FLORIDA 33140

TELEPHONE: (305) 534-7718
FAX: (305) 673-2969

February 6, 2001

ALSO ADMITTED IN
DISTRICT OF COLUMBIA
AND NEW YORK

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Opa Locka Community Clinic, Inc.
No. K18487
2001 Annual Report

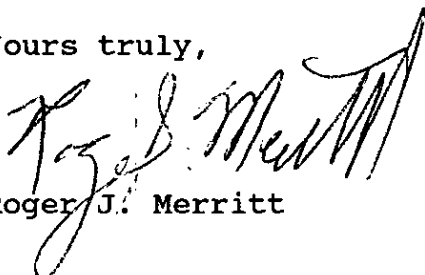
Dear Sir:

Enclosed please find the 2001 Annual Report for the above-referenced corporation.

I also enclose the corporation's check # 1363 in the amount of \$150.00 for the filing fee.

Thank you.

Yours truly,


Roger J. Merritt

Encls. stated

cc: Dr. Mikhail Berman, President