

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90023 037 ***150.00

DOCUMENT # K18487

1. Entity Name
OPA LOCKA COMMUNITY CLINIC, INC.

Principal Place of Business
12901 NW 27 Ave
Miami, FL 33167
US

Mailing Address
ROGER J MERRITT, ESQ
STE 218 300 41 ST
MIAMI FL 33140
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
12901 NW 27 AVENUE

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **65-0051360**

Applied For
 Not Applicable

Zip
33167

Country
US

Zip

Country

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, 2002 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** ☐ Delete
 NAME **BERMAN, MIKHAIL**
 STREET ADDRESS **12901 NW 27 Ave**
 CITY-ST-ZIP **Miami, FL 33167**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **12901 NW 27 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 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 with all other like empowered.

4/22/02

SIGNATURE:

SIGNATURE REQUIRED
Mikhail N Berman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 681-2855
 Daytime Phone #

CR2E034 (9/01)