

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90576 032 \*\*\*\*55.00

0053702

**DOCUMENT # L02000009146**

1. Entity Name  
**OPA-LOCKA HISTORIC TRAIN STATION, LLC**




Principal Place of Business      Mailing Address  
**490 OPA-LOCKA BLVD., STE. 20**      **C/O OPA-LOCKA CDC**  
**OPA-LOCKA FL 33054**                      **490 OPA-LOCKA BLVD., STE. 20**  
**OPA-LOCKA FL 33054**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired      **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LITTLE, JOHN M ESQ.**  
**LEGAL SERVICES OF GREATER MIAMI, INC.**  
**3000 BISCAYNE BLVD., STE. 300**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name  
**STEPHANIE WILLIAMS-BALDWIN**

Street Address (P.O. Box Number is Not Acceptable)  
**490 OPA-LOCKA BLVD, STE 20**

City      State      Zip  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN**      **4/18/03**      DATE

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	WILLIE LOGAN	490 OPA-LOCKA BLVD, STE 20	OPA-LOCKA, FL 33054	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	STEPHANIE WILLIAMS-BALDWIN	490 OPA-LOCKA BLVD, STE 20	OPA-LOCKA, FL 33054	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	MILTON FELTON	1800 NW 2 AVENUE	MIAMI, FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	NASHID SABIR	8350 NW 2 AVE, 5 FLOOR	MIAMI, FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	DAVID PEMBERTON	2520 NW 156 STREET	OPA-LOCKA, FL 33054	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	MICHAEL MARTIN	6418 NW 82 AVENUE	PARKLAND, FL 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Stephanie Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN**      **4/18/03**      **305 687-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)