

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20643

1. Entity Name

OPA-LOCKA RESCUE MISSION, INC.

Principal Place of Business

2199 ALI-BABA AVENUE
OPA-LOCKA FL 33054
US

Mailing Address

P.O. BOX 54-1491
OPA-LOCKA FL 33054-1491
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90032 037 ****70.00

600164



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2807415

Applied For

Not Applied For

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

TYDUS, ROSE
2199 ALI-BABA AVENUE
OPA-LOCKA FL 33054

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 P
STREET ADDRESS TYDUS, ROSE
CITY-ST-ZIP 3741 NW 175TH ST
MIAMI FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS DARITY, ROXIE
CITY-ST-ZIP 970 NE 113 STREET
BISCAYNE PARK FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DAUGHTREY, NEWALL J
CITY-ST-ZIP 2331 NW 140TH ST
OPA LOCKA FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GARVIN, JOSHUA M
CITY-ST-ZIP 1281 NW 87TH ST
MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WATSON, TOMMY
CITY-ST-ZIP 19900 S.W. 260 ST.
HOMESTEAD FL 33031

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
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:

Shane Tydus **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

(305) 687-4110

Daytime Phone #