

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

0035115

**DOCUMENT # N20643**

1. Entity Name

**OPA-LOCKA RESCUE MISSION, INC.**

04-17-2001 90027 045 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

**2199 ALI-BABA AVENUE  
OPA-LOCKA FL 33054  
US**

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

2. Principal Place of Business

3. Mailing Address

**2199 Ali-Baba Ave.**

**P. O. Box 54-1491**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Opa-locka, FL**

**Opa-locka, FL**

Zip

Country

Zip

Country

**33054**

**USA**

**33054**

**USA**

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

**Rose Tydus**

Street Address (P.O. Box Number is Not Acceptable)

City

**1101 Dunad Ave.**

**FL**

Zip Code

**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

**Rose Tydus**

*Rose Tydus*

**4/12/01**

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

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Rose Tydus**  
CITY-ST-ZIP **1101 Dunad Avenue**

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

TITLE ☐ Change ☐ Addition  
NAME **Opa-locka, FL 33054**  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**Rose Tydus**

**4/12/01**

**(305) 687-4110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)