

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90011 019 ****61.25

DOCUMENT # N99000007034

1. Entity Name

THE GREATER OPA-LOCKA CHAMBER OF COMMERCE, INC.

Principal Place of Business

14350 N.W. 22ND AVE., STE. 4
 OPA-LOCKA FL 33054

Mailing Address

14350 N.W. 22ND AVE., STE. 4
 OPA-LOCKA FL 33054

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

Zip

Country

4. FEI Number

☒ 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

SHABAZZ, HASAN
 14350 N.W. 22ND AVE., STE. 4
 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

Hasan Shabazz

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD
 NAME SHABAZZ, HASAN
 STREET ADDRESS 14350 N.W. 22ND AVE., STE. 4
 CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE **C**
 NAME **Hugh Ryan**
 STREET ADDRESS **12840 NW 27 Ave**
 CITY-ST-ZIP **MIAMI FL 33054**

TITLE SD
 NAME SMITH, ELVIRA
 STREET ADDRESS 330 SEAMAN AVE.
 CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE **T**
 NAME **Ernest L. Cobbs**
 STREET ADDRESS **81 Bahman Ave**
 CITY-ST-ZIP **OPA-LOCKA, FLA 33054**

TITLE TD
 NAME PHILLIPS, VANCE
 STREET ADDRESS 3171 N.W. 135TH ST.
 CITY-ST-ZIP OPA-LOCKA FL 33054

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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:

Hasan Shabazz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-2000 (305) 875-7994

CR2E037 (5/00)