

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90056 029 ***150.00

DOCUMENT # P00000001049

1. Entity Name
OPA LOCKA AIRPORT POSTAL CENTER, INC.

Principal Place of Business 4051 NW 145 ST., OPA-LOCKA AIRPORT BLDG 35 OPA-LOCKA FL 33054	Mailing Address 4051 NW 145 ST., OPA-LOCKA AIRPORT BLDG 35 OPA-LOCKA FL 33054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0971981		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BASS, MICHAEL 600 S ANDREWS AVE COLONIAL BANK BUILDING 6TH FLOOR FT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name ALEXANDER RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 4051 N.W. 145 TH ST. OPA-LOCKA AIRPORT BLDG 35 City MIAMI FL Zip Code 33054			
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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 *Alexander Rodriguez* **ALEXANDER RODRIGUEZ** DATE **04-20-01**
Signature (hand or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALEXANDER 4051 NW 145 ST., OPA-LOCKA AIRPORT BLDG 35 OPA-LOCKA FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Alexander Rodriguez* **ALEXANDER RODRIGUEZ (PRESIDENT)** DATE **04-20-01** DAYTIME PHONE **(305) 688-0501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)