


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

06-09-2003 90115 033 ***150.00

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55050553

DOCUMENT # P01000046338			
1. Entity Name 905 OPA LOCKA BLVD. NO. 1, INC.			
Principal Place of Business 517 SW FIRST AVENUE FORT LAUDERDALE FL 33301		Mailing Address 517 SW FIRST AVENUE FORT LAUDERDALE FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-009-44783		APPLIED FOR <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEE, GLENN R 517 SW FIRST AVENUE FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEE, GLENN R 517 SW FIRST AVENUE FORT LAUDERDALE FL 33301 <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
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 recipient or trustee empowered to execute this report as required by Chapter 607, 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: _____		SIGNATURE REQUIRED 7-1-03 954-524-4141 Date Daytime Phone #	

CR2E034 (10/02)

Attachment#

~~55050553~~

55050553

905 OPA LOCKA BLVD. NO. 1, INC.

517 S.W. First Avenue
Fort Lauderdale, FL 33301

Facsimile: (954) 524-4169
Telephone: (954) 728-8700

June 6, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

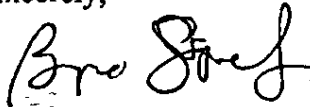
Re: ~~905 Opa Locka Blvd. No. 1, Inc.~~
Document #P01000046338

Dear Sir/Madam:

We have recently received the notice informing that the above referenced corporation did not file their 2003 Uniform Business Report. However, we did not have prior notice that the report had not been filed and would have filed it, had we known. We have enclosed herewith a completed 2003 Uniform Business Report and the fee of \$150.00, representing the annual fee for 2003, and request that the 2003 UBR be accepted, as we did not know the report had not been filed.

Thanking you in advance for your consideration of this matter.

Sincerely,



BENJIE SPERLING

BS:mas

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