

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90383 037 ***158.75

DOCUMENT # P93000038992

1. Entity Name
OPA LOCKA - PARK CITY, INC.

Principal Place of Business C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20 OPA LOCKA FL 33054	Mailing Address C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20 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 65-0421308		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
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				7. Name and Address of New Registered Agent			
BALDWIN, STEPHANIE C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20 OPA LOCKA FL 33054				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, WILBERT T			NAME			
STREET ADDRESS	6231 N.W. 201 ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33055			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, MARY ALICE			NAME			
STREET ADDRESS	2444 NW 135TH ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			33167
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, MICHAEL			NAME			
STREET ADDRESS	6418 NW 82ND AVENUE			STREET ADDRESS	Parkland, FL 33067		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS-BALDWIN, STEPHANIE			NAME	Williams-Baldwin, Stephanie		
STREET ADDRESS	3960 SW 146 AVENUE			STREET ADDRESS	490 Opa-locka Blvd, #20		
CITY-ST-ZIP	MIRAMAR FL 33079			CITY-ST-ZIP	Opa-locka, Fla. 33054		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOGAN, WILLIE			NAME	Logan, Willie		
STREET ADDRESS	18870 NW 53RD PLACE			STREET ADDRESS	490 Opa-locka Blvd, #20		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	Opa-locka, Fla. 33054		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Stephanie Williams-Baldwin* **4/30/01** (305) 687-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)