

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0421308

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BALDWIN, STEPHANIE
C/O OPA LOCKA CDC
490 OPA LOCKA BLVD., SUITE 20
OPA LOCKA, FL 33054

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNETT, WILLIE
STREET ADDRESS	6600 N.W. 27 AVENUE - SUITE 109
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	MILLER, JERRY
STREET ADDRESS	8221 NW. 198 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	D
NAME	WILSON, PAULETTE
STREET ADDRESS	15830 N.W. 17 COURT
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	PD
NAME	WILLIAMS-BALDWIN, STEPHANIE
STREET ADDRESS	490 OPA LOCKA BLVD #20
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	LOGAN, WILLIE
STREET ADDRESS	490 OPA LOCKA BLVD #20
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	SABIR, NASHID
STREET ADDRESS	18350 N.W. SECOND AVENUE - FIFTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33169

000000345984
04/30/05-60058-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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:

Stephanie Williams-Baldwin

(305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #