

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


FILED
May 01, 2003 8:00 am
Secretary of State

0180932 AV

05-01-2003 90120 006 ***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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0421308**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

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

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* **STEPHANIE WILLIAMS-BALDWIN** 4/18/03 (305) 687-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)