

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90139 049 \*\*\*150.00

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1. Corporation Name

OPA LOCKA PROPERTY MANAGEMENT CORPORATION

Principal Place of Business

C/O OPA LOCKA CDC. STE 20  
490 OPA LOCKA BLVD.  
OPA LOCKA FL 33054

Mailing Address

C/O OPA LOCKA CDC. STE 20  
490 OPA LOCKA BLVD.  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

65-0607158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LITTLE, JOHN M  
3000 BISCAYNE BLVD 5TH FLOOR  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MILLS, DENISE  
STREET ADDRESS 10765 N.W. 11TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ DELETE

NAME BARNETT, WILLIE  
STREET ADDRESS 6142 MIRAMAR PARKWAY, SUITE C  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ DELETE

NAME MILTON, FELTON JR.  
STREET ADDRESS 5190 N.W. 167TH STREET, SUITE 204  
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ DELETE

NAME WILLIAMS-BALDWIN, STEPHANIE  
STREET ADDRESS 17745 N.W. 22ND AVENUE  
CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ DELETE

NAME KINGSLEY, JONATHAN  
STREET ADDRESS 1120 PAPAYA STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ DELETE

NAME LOGAN, WILLIE  
STREET ADDRESS 18870 N.W. 53RD PLACE  
CITY-ST-ZIP MIAMI FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0153279