

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90111 028 ***558.75

DOCUMENT # P95000036675

1. Entity 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 33054-3563
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0607158	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LITTLE, JOHN M 3000 BISCAYNE BLVD 5TH FLOOR MIAMI FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLS, DENISE 10765 N.W. 11TH STREET PEMBROKE PINES FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Mills, Denise 8740 SW 12th Street Pembroke Pines, Fla. 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARNETT, WILLIE 6142 MIRAMAR PARKWAY, SUITE C MIRAMAR FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Barnett, Willie 8410 Miramar Parkway, Ste. 210 Miramar, Florida 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILTON, FELTON JR. 5190 N.W. 167TH STREET, SUITE 204 MIAMI FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Milton, Felton Jr. 17800 NW 2nd Ave, #122C Miami, Fla. 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILLIAMS-BALDWIN, STEPHANIE 17745 N.W. 22ND AVENUE MIAMI FL 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Williams-Baldwin, Stephanie 3960 SW 14th Avenue Miramar, Florida 33079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KINGSLEY, JONATHAN 1120 PAPAYA STREET HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Kingsley, Jonathan 505 E. Broward Blvd, Ste 127 Ft. Lauderdale, Florida 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOGAN, WILLIE 18870 N.W. 53RD PLACE MIAMI FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Higgins, Willie 424 Maple Bluff Circle Melbourne, Florida 32940-1886

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* **MAY 12 2000** (305) 687-3545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STEPHANIE WILLIAMS-BALDWIN** Date: _____ Daytime Phone #: _____