

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90383 039 ***158.75

DOCUMENT # P95000036675

1. Entity Name

OPA LOCKA PROPERTY MANAGEMENT CORPORATION

B0056012



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0607158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 _____

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 _____
Signature, typed or printed name of registered agent and title if applicable (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DENISE SW 12TH STREET PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, WILLIE 8910 MIRIMAR PKWY, SUITE #210 PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, FELTON JR 18800 NW 2ND AVENUE, #122C MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS-BALDWIN, STEPHANIE 3960 SW 146TH AVENUE MIRIMAR FL 33079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSLEY, JONATHAN E BROAD BLVD, SUITE #127 FORT LAUDERDALE FL 33394	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, WILLIE 18870 N.W. 53RD PLACE MIAMI FL 33015	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Mills, Denise</i> <i>8740 SW 12th Street</i> <i>Pembroke Pines, Fla 33025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Barnett, Willie</i> <i>8910 Mirimar Parkway, Ste. 210</i> <i>Miramar, Fla 33025</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Felton, Milton, Jr</i> <i>18800 NW 2nd Avenue, Ste 220E</i> <i>Miami, Fla 33169</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Williams Baldwin, Stephanie</i> <i>490 Opa-locka Blvd, #20</i> <i>Opa-locka, Fla. 33054</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Kingsley, Jonathan</i> <i>200E. Broward Boulevard, Ste. 120</i> <i>Fort Lauderdale, Florida 33301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Logan, Willie</i> <i>490 Opa-locka Blvd, Ste 20</i> <i>Opa-locka, Fla. 33054</i>

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) 687-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)