

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90449 012 \*\*\*158.75

01R148 AV

**DOCUMENT # P95000036675**

1. Entity Name  
**OPA LOCKA PROPERTY MANAGEMENT CORPORATION**  
 (Opa-locka 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
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DO NOT WRITE IN THIS SPACE

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  Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>MINCEY-MILLS, DENISE</b> <b>8740 SW 12TH STREET</b> <b>PEMBROKE PINES FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BARNETT, WILLIE</b> <b>8910 MIRIMAR PKWY, SUITE #210</b> <b>MIRAMAR FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FELTON, MULTON JR</b> <b>1880-NW 2ND AVENUE, STE 220 E</b> <b>MIAMI FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILLIAMS-BALDWIN, STEPHANIE</b> <b>490 OPA-LOCKA BLVD, #20</b> <b>OPA LOCKA FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>KINGSLEY, JONATHAN</b> <b>200 E BROWARD BOULEVARD, STE 1300</b> <b>FORT LAUDERDALE FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LOGAN, WILLIE</b> <b>490 OPA-LOCKA BLVD, STE 20</b> <b>OPA LOCKA FL 33054</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVE PEMBERTON</b> <b>2520 NW 156 STREET</b> <b>OPA-LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NASHID SABIR</b> <b>18350 NW 2 AVENUE</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER, DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MICHAEL MARTIN</b> <b>6418 NW 82 AVENUE</b> <b>PARKLAND, FLK 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MILTON FELTON, JR.</b> <b>18800 NW 2 AVENUE, STE 220-E</b> <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT, DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEPHANIE WILLIAMS-BALDWIN</b> <b>490 OPA-LOCKA BOULEVARD, STE 20</b> <b>OPA-LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WILLIE LOGAN</b> <b>490 OPA-LOCKA BOULEVARD, STE 20</b> <b>OIPA-LOCKA, FL 33054</b>

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: WILLIE LOGAN, PRESIDENT 305 687-3545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)