

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90449 012 ***158.75

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**

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

7. Name and Address of New Registered Agent

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

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCEY-MILLS, DENISE 8740 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 MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTON, MULTON JR 1880 NW 2ND AVENUE, STE 220 E MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS-BALDWIN, STEPHANIE 490 OPA-LOCKA BLVD, #20 OPA LOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSLEY, JONATHAN 200 E BROWARD BOULEVARD, STE 1300 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, WILLIE 490 OPA-LOCKA BLVD, STE 20 OPA LOCKA FL 33054	<input type="checkbox"/> Delete

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

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)