


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90407-011-\$158.75-\$158.75

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DOCUMENT # P95000036675

1. Entity Name
OPA-LOCKA MANAGEMENT CORPORATION



FILED
03 JUN 26 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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 **STEPHANIE WILLIAMS-BALDWIN**

Street Address (P.O. Box Number is Not Acceptable)
490 OPA-LOCKA BLVD, STE 20

City **OPA-LOCKA** State **FL** Zip Code **33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN** **APRIL 18, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MILTON FELTON, JR 18800 NW 2 AVENUE MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with other like empowered.

SIGNATURE *Stephanie Williams-Baldwin* **STEPHANIE WILLIAMS-BALDWIN** **4/18/03** **(305) 687-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03A (10/02)