

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-31-2000 90030 049 ***558.75

DOCUMENT # P99000028039

1. Entity Name

OPA LOCKA-DOUGLAS POINTE, INC.

Principal Place of Business

490 OPA LOCKA BLVD., STE. 20
 OPA LOCKA FL 33054

Mailing Address

490 OPA LOCKA BLVD., STE. 20
 OPA LOCKA FL 33054-3563

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
 701 BRICKELL AVE.
 MIAMI FL 33131

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D Holloway, Wilbert T	6231 N.W. 201 Street	Hialeah, FL 33005	<input type="checkbox"/>
	D Brown, Mary Alice	2444 N.W. 135th Street	Miami, FL	<input type="checkbox"/>
	D Martin, Michael	6418 NW 82nd Ave.	Parkland, FL 33079	<input type="checkbox"/>
	D Williams-Baldwin, Stephanie	3960 SW 146 Avenue	Miramar, FL 33079	<input type="checkbox"/>
	D Logan, Willie	18770 NW 53rd Place	Miami, FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie Williams-Baldwin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE & SIGN

17(3)(i), Florida Statutes, I further certify that the information is effect as if made under oath; that I am an officer or director Statutes; and that my name appears in Block 11 or Block 12 if

6/29/00 (305) 687-3545

10

Daytime Phone #

CRE 034 (9/99)