

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90241 037 \*\*\*158.75

0027140 AV

**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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State  
 City & State

Zip  
 Country



DO NOT WRITE IN THIS SPACE  
**65-1120643**

4. FEI Number **APPLICABLE 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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>HOLLOWAY, WILBERT T</b> <b>6231 NW 201 STREET</b> <b>MIAMI FL 33055</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SABIR, NASHAD</b> <b>18350 N.W. 2ND AVE</b> <b>MIAMI, FL 33169</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, MARY A</b> <b>2444 NW 135TH ST.</b> <b>PARKLAND FL 33079</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS-BALDWIN, STEPHANIE</b> <b>3960 SW 146 AVE</b> <b>MIRAMAR FL 33079</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRESIDENT</b> <b>WILLIAMS-BALDWIN, STEPHANIE</b> <b>3960 S.W. 146TH AVE</b> <b>MIRAMAR, FL 33079</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGAN, WILLIE</b> <b>18870 NW 53RD PLACE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VICE PRESIDENT</b> <b>HIGGINS, WILLIAM</b> <b>429 MAPLE BLUFF CIRCLE</b> <b>MELBORNE, FL 32940-1836</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>SECRETARY/TREAS</b> <b>FELTON, HILTON</b> <b>18800 N.W. 2ND AVE</b> <b>MIAMI, FL 33169</b> <input 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: Stephanie Williams Baldwin **9/7/01 (305) 687-3545**

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

CR2E034 (5/01)

*Attachment 12376*  
*Opa-locka Douglas Pointe, Inc.*

490 Opa-locka Boulevard, Suite 20  
Opa-locka, Florida 33054

September 7, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Doc #P99000028039  
Opa-locka Douglas Pointe, Inc.

Gentlemen:


Reference is made to your letter dated May 30, 2001, in which you returned the filed 2001 Uniform Business Report (UBR) and advised that the report was not filed because it did not contain a Federal Employer Identification (FEI) number on the second filing.

We were unable to refile the report within the required thirty (30) days because we had not yet received the FEI number.

Please be advised that the FEI was received on July 25, 2001, and affixed to the report which accompanies this letter along with a copy of your letter dated May 30, 2001.

If further information is needed, please contact us immediately.

Sincerely,

  
Stephanie Williams-Baldwin  
President

SWB/RLM/sw