

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE
65-1120643

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 _____ 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME D HOLLOWAY, WILBERT T STREET ADDRESS 6291 NW 201 STREET CITY-ST-ZIP MIAMI FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME D BROWN, MARY A STREET ADDRESS 2444 NW 135TH ST. CITY-ST-ZIP PARKLAND FL 33079	<input checked="" type="checkbox"/> Delete
TITLE NAME D WILLIAMS-BALDWIN, STEPHANIE STREET ADDRESS 3960 SW 146 AVE CITY-ST-ZIP MIRAMAR FL 33079	<input type="checkbox"/> Delete
TITLE NAME D LOGAN, WILLIE STREET ADDRESS 18870 NW 53RD PLACE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME D _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete
TITLE NAME D _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D SABIR, NASHAD STREET ADDRESS 18350 N.W. 2ND AVE CITY-ST-ZIP MIAMI, FL 33164	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P PRESIDENT WILLIAMS-BALDWIN, STEPHANIE STREET ADDRESS 3960 S.W. 146TH AVE CITY-ST-ZIP MIRAMAR, FL 33079	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME V VICE PRESIDENT HIGGINS, WILLIAM STREET ADDRESS 429 MAPLE BUFF CIRCLE CITY-ST-ZIP MELBORNE, FL 32940-1836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S/T SECRETARY/TREAS FELTON, HILTON STREET ADDRESS 18800 N.W. 2ND AVE CITY-ST-ZIP MIAMI, FL 33164	<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 Date: 9/7/01 (305) 687-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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