

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000077914

**Entity Name:** OPA-LOCKA 1, INC.

**Current Principal Place of Business:**

3590 SE DIXIE HIGHWAY  
STUART, FL 34997

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**2817252956CC**

**Current Mailing Address:**

12555 BISCAYNE BLVD PMB 455  
NORTH MIAMI, FL 33181 US

**FEI Number: 81-3925982**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAVITS, MONICA  
12555 BISCAYNE BLVD PMB 455  
NORTH MIAMI, FL 33181 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY  
Name            SAVITS, CHRISTOPHER  
Address        12555 BISCAYNE BLVD PMB 455  
City-State-Zip: NORTH MIAMI FL 33181

Title            VP, TREASURER  
Name            SAVITS, MONICA  
Address        12555 BISCAYNE BLVD PMB 455  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            SAVITS, CODY  
Address        12555 BISCAYNE BLVD PMB 455  
City-State-Zip: NORTH MIAMI FL 33181

Title            DIRECTOR  
Name            SAVITS, MORGAN  
Address        12555 BISCAYNE BLVD PMB 455  
City-State-Zip: NORTH MIAMI FL 33181

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MONICA SAVITS**

**VP**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date