

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90098 049 ****70.00

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1. Entity Name

SOUTH FLORIDA ECONOMIC EMPOWERMENT, INC



Principal Place of Business

**4061 N.W. 16TH ST.
LAUDERHILL FL 33313**

Mailing Address

**4007 SAUDERLING LN
WESTON FL 33331**

11008902



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0792593**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, HENRY
4061 N.W. 16TH ST.
LAUDERHILL FL 33313**

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

SIGNATURE :

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, HENRY**
STREET ADDRESS **4061 N.W. 16TH ST.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ALLISON, STEVE**
STREET ADDRESS **4731 NW 10TH CRT**
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SIMS, EDDIE**
STREET ADDRESS **7951 SW 7TH CT**
CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HANKERSON, BRIAN**
STREET ADDRESS **8741 SW 14TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALSTON, WILLIAM**
STREET ADDRESS **4706 NW 89TH AVE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/17/03

954-742-7832

CR2E037 (10/02)