2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # N9900001192 1. Entity Name 05-06-2002 90070 041 ****61.25 EMPOWER "U", INC. Principal Place of Business Mailing Address 10033 NW 26TH AVE 10033 NW 26TH AVE MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0899207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLS, VANESSA 10033 NW 26TH AVE MIAMI FL 33147 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01)TITLE ☐ Delete TITLE Addition JOHNSON, PETERA NAME NAME 3591 N.W. 202 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE MILLS, VANESSA NAME 10033 NW 26TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE LEONARD, LEON NAME NAME 1888 N.W. 21ST ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition JACKSON. CHARLES S NAME NAME 10742 N.E. 3RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP □ Delete Addition TITLE TITLE Change ALLEN, ROSALYN NAME NAME 655 N.W. 56TH STREET., APT 505 STREET ADDRESS STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 attack ent with an address with all other like empowered

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(305)793-8762