

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90093 008 \*\*\*150.00

DOCUMENT # P02000099276



1. Entity Name  
CENTER FOR PERSONAL EMPOWERMENT, INC.

Principal Place of Business  
7815 CORAL WAY STE 100  
MIAMI FL 33155

Mailing Address  
7815 CORAL WAY STE 100  
MIAMI FL 33155



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
02-0642413

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOL, MARIA M  
7815 CORAL WAY, SUITE 100  
MIAMI FL 33155

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
NAME BARRIOS, LOURDES  
STREET ADDRESS 7815 CORAL WAY STE 100  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D  Delete  
NAME ALEA, ANTONIA M  
STREET ADDRESS 7815 CORAL WAY STE 100  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D  Delete  
NAME GOGIOL, MARIA M  
STREET ADDRESS 7815 CORAL WAY STE 100  
CITY-ST-ZIP MIAMI FL 33155

TITLE DP  Change  Addition  
NAME Giol, Maria M.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME MORALES, ILEM C  
STREET ADDRESS 7815 CORAL WAY STE 100  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Change  Addition  
NAME Rodriguez, Julietta R.  
STREET ADDRESS 7815 Coral Way, Suite 100  
CITY-ST-ZIP Miami, FL 33155

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 607, 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: *Maria M. Giol*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 305-267-7900  
Date Daytime Phone #

CR2E034 (10/02)