

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003424

FILED
Feb 03, 2024
Secretary of State
2481530934CC

Entity Name: EMPOWERMENT ZONE RE-ENTRY INITIATIVE, INC.

Current Principal Place of Business:

1490 N.W. 3RD AVENUE
SUITE 106
MIAMI, FL 33136

Current Mailing Address:

210 FLORIDA AVE
CORAL GABLES, FL 33133 US

FEI Number: 86-2855642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMART, CHERYL
210 FLORIDA AVE
CORAL GABLES, FL 33133 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
Name DEL VALLE, DAMARIS ESQ.
Address 1490 N.W. 3RD AVENUE SUITE # 106
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name HOLLEY, EMILY
Address 210 FLORIDA AVENUE
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name DALTHORP, DITA
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name BLACK, LORNA
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name GOLDBERG, SAM
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title SECRETARY
Name ORTIZ, MELISSA
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name TYLER, DEBRA
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title TREASURER
Name SAPER, ADAM
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM SAPER

TREASURER

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THWAITES, DUANE
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name JONES-WEISS, DEBORAH
Address 210 FLORIDA AVE
City-State-Zip: CORAL GABLES FL 33133