

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750660

FILED
Jan 14, 2009
Secretary of State

Entity Name: URBAN EMPOWERMENT CORPORATION

Current Principal Place of Business:

3672 GRAND AVENUE
COCONUT GROVE, FL 33233 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 330075
COCONUT GROVE, FL 332330075 US

New Mailing Address:

FEI Number: 59-2056758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLOMAN, CECILIA E
3672 GRAND AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALONSO-POCH, MANUEL
Address: 2100 PONCE DE LEON DR., STE 901
City-St-Zip: MIAMI, FL 33143

Title: TREA () Delete
Name: JEFFEREY, HAMILTON REV.
Address: 103 GRAND AVENUE
City-St-Zip: MIAMI, FL 33133

Title: SECY () Delete
Name: LEONARD, WILLIE REV.
Address: 3616 DAY AVENUE
City-St-Zip: MIAMI, FL 33133

Title: TRUS () Delete
Name: TAVIS, SWAIN
Address: 3870 WASHINGTON AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MANUEL ALONSO POCH

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date