

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002559

1. Entity Name

THE PORTRAIT OF EMPOWERMENT, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90066 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

13724 NW 22 PLACE  
OPA LOCKA FL 33054

13724 NW 22 PLACE  
OPA LOCKA FL 33054

2. Principal Place of Business

13250 NW 128 AVE

3. Mailing Address

13724 NW 22 PL

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

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City & State

Opalocka FL

City & State

Opalocka FL

Zip

33054

Country

USA

Zip

33054-4002

Country

USA

4. FEI Number

65-0997665

Applied For

☒ Not Applicable

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

SMITH-JOHNSON, DOROTHY

13724 NW 22 PLACE

OPA LOCKA FL 33054

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.

SIGNATURE

*Dorothy Smith-Johnson*

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SMITH-JOHNSON, DOROTHY  
STREET ADDRESS 13724 NW 22 PLACE  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE SD  
NAME LEE, CYNTHIA  
STREET ADDRESS 1334 SW 119 AVE #114  
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE TD  
NAME KING, ROSETTA  
STREET ADDRESS 16912 SW 101 PL  
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT  
NAME Gloria J. Keith  
STREET ADDRESS 21473 SW 91 AVE  
CITY-ST-ZIP Miami FL 33189 ☐ Change ☒ Addition

TITLE ASSISTANT SECRETARY  
NAME Daniel Lavan  
STREET ADDRESS 8126 NW 162 ST  
CITY-ST-ZIP Hialeah, FL 33016 ☐ Change ☒ Addition

TITLE Clifton Addison  
NAME 20027 NW 64 PL  
STREET ADDRESS Hialeah, FL 33015 TREASURER ☒ Change ☐ Addition

TITLE DIRECTOR  
NAME Patricia Ellis  
STREET ADDRESS 1146 Dunah AVE  
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Change ☒ Addition

TITLE DIRECTOR  
NAME Ricardo Spencer SR  
STREET ADDRESS 20824 NW 20 ST  
CITY-ST-ZIP Pembroke Pines, FL 33029 ☐ Change ☒ Addition

TITLE DIRECTOR  
NAME Peggy Mills Demon, PhD  
STREET ADDRESS 3550 Biscayne Blvd, Suite 500  
CITY-ST-ZIP Miami FL 33137 ☐ Change ☒ Addition

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:

*Dorothy Smith-Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/01 (305) 688-7350

CR2E037 (10/00)