

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002559

1. Entity Name

THE PORTRAIT OF EMPOWERMENT, INC.

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91605 006 ****70.00

Principal Place of Business

Mailing Address

13250 NW 28 AVE
204
OPA LOCKA FL 33054
US

13724 NW 22 PLACE
OPA LOCKA FL 33054-4002
US

2. Principal Place of Business

13724 NW 22 PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

City & State

Zip

Country

33054-4002

USA

Zip

Country

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 5/15/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, CYNTHIA 1334 SW 119 AVE #114 PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, CLIFTON 20027 NW 64 PL HIALEAH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITH, GLORIA J 21473 SW 91 AVE MIAMI FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAVAN, DANIEL 8126 NW 162 ST. HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, PATRICIA 1146 DUNAH AVE OPA LOCKA FL 33054	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 5/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)