

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-10-2001 90145 017 ****61.25

DOCUMENT # N00000002711

1. Entity Name

HOUSE OF EMPOWERMENT, INC.

Principal Place of Business

9301 NW 19TH PLACE
 SUNRISE FL 33322

Mailing Address

9301 NW 19TH PLACE
 SUNRISE FL 33322

2. Principal Place of Business

3300 INVERRARY BLVD.

Suite, Apt. #, etc.

100D.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill

Zip

33319

Country

Broward

City & State

Zip

Country

4. FEI Number

65-0992031

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SWABY, SHARON
 9301 NW 19TH PLACE
 SUNRISE FL 33322

7. Name and Address of New Registered Agent

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

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 ☐ 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 PRESIDENT / PROGRAM DIRECTOR
 SHARON SWABY
 9301 NW 19TH PLACE
 SUNRISE FL 33322 (D)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 VICE PRESIDENT
 HOWARD HARVEY
 8250 NW 36 ST
 SUNRISE FL 33351 (D)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 BILLING REPRESENTATIVE
 ROSALEE THOMAS
 NW 19TH PLACE
 SUNRISE FL 33322

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 QUALITY ASSURANCE COORDINATOR
 MARLENE BANTON-SMITH
 6461 NW 24TH PLACE
 SUNRISE FL 33313 (D)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 A SECRETARY
 ROSALEE THOMAS
 9290 NW 19TH PLACE
 SUNRISE, FL 33322.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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: Sharon Swaby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.060 954-735-2540

Date Daytime Phone #

CR2E037 (10/00)