

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006347

1. Entity Name

EMPOWERMENT ENTERPRISES, INC.

Principal Place of Business

1781 NE 66 STREET
MIAMI FL 33147

Mailing Address

1781 NE 66 STREET
MIAMI FL 33147

2. Principal Place of Business

1781 NW 66 Street

3. Mailing Address

1781 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

65-1054184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

TOMLINSON, RUSSELL

1420 SW 87 WAY

PEMBROKE PINES FL 33025

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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
TOMLINSON, RUSSELL
1420 SW 87 WAY
PEMBROKE PINES FL 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HARRIS, PAMELA
17200 NW 53 COURT
MIAMI FL 33055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LIGHTBOURNE, GILBERT A
18932 NW 56 COURT
MIAMI FL 33055

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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

Pamela Harris

9/18/01

305-696-4670

FILED
OCT 26 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

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