NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
02-10-2003 90436 005 ****61.25

DOCUMENT # No200000035 7

1. Entity Name
The Center For The Empowerment of Children and Families Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8335 South West 152 Ave	8335 South West 152 Ave
Suite, Apt. #, etc. #309	Suite, Apt. #, etc. #309
City & State Miami FL	City & State Miami FL
Zip 33193 Country USA	Zip 33193 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0033710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tiombe Kendrick
Street Address (P.O. Box Number is Not Acceptable): 8335 South West 152 Avenue #309
City: Miami FL Zip Code: 33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tiombe Kendrick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 1-23-03

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Executive Director
NAME	Tiombe Kendrick (D)
STREET ADDRESS	8335 S.W. 152 Ave #309
CITY-ST-ZIP	Miami FL 33193
TITLE	
NAME	Robert Nairn - P (D)
STREET ADDRESS	President of the Board
CITY-ST-ZIP	588 North West 7 court Tamarac FL 33319
TITLE	Vice President 1
NAME	Lorenzo Gilbert - VP1
STREET ADDRESS	1330 NW 175 Street
CITY-ST-ZIP	Miami FL 33169
TITLE	
NAME	Joan Maurice - VP2 (D)
STREET ADDRESS	Vice President 2
CITY-ST-ZIP	530 NE 179 Drive Miami FL 33162
TITLE	Treasurer - T
NAME	Tiombe Kendrick
STREET ADDRESS	8335 SW 152 Ave #309
CITY-ST-ZIP	Miami FL 33193
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tiombe Kendrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-23-03
(305) 571-1441
Daytime Phone #