2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200003731

1. Entity Name

SIGNATURE

EMPOWERMENT FOR SUCCESS INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90172 036 ****61.25

954-722-7300

						OD WE IN				
Principal Place of Business 2005 CYPRESS CREED RD. SUITE 207 FT. LAUDERDALE FL 33309			Mailing Address 2005 CYPRESS CREED RD. SUITE 207 FT. LAUDERDALE FL 33309				1 188/1181 201/ 100	I I II BU BANI BANI BANI BANI BANI BAN	3 (filk (868)	181 41 11 10 1 410 1
2. Principal Place of Business				iling Address						
Suite, Apt. #, etc.				uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number Applied For Not Applied For Not Applicable			
Zip Country			Zip		Cou	intry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Register	ed Agent			7. Name and Addr	ess of New Registered A		
						Name			,	·
CORPORATE CREATIONS NETWORK, INC.						Street Address (P.O. Box Number is Not Acceptable)				
	941 FOURTH STREET #200 MIAMI BEACH FL 33139									
MICAINI DE						O'h			1 77. 0.	-1-
						City		FL	Zip Co	ae
			r the purp	oose of changing its	register	ed office or regist	tered agent, or both, in t	he State of Florida. I am fa	miliar with	, and accept
the obligat	ions of regist	ered agent.								
•										
SIGNATURE .	Clanatura broad	or printed name of registered agent :	and title if on	plicable (NOT)	T. Donisters	d Agent signature requir	and when reinstation	DATE		
<u> </u>	Signature, typieu	or printed harne or registered agent	and see ap	piicabie. (NOT)	_ negistere	o Agent signature requi	red when remistating)	DAIL		
FILE NOW: FEE IS \$61.25					npaign F Contributi	inancing on.	\$5.00 May Be Added to Fees	Make Check Florida Departr		
10		OFFICERS AND DIR	COTORC		I 44		ADDITIONS (OLIMNOE	O TO OFFICERO AND DID	070001	N 40
10. TITLE	D	OFFICERS AND DIF	RECTORS		11.	. 1	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE		
NAME I	NEIMAN, I	RICHARD		☐ Delete	NAM	I		l	☐ Change	☐ Addition
STREET ADDRESS	ADDRESS 2005 CYPRESS CREED RD.					ET ADDRESS				
CITY-ST-ZIP						-ST-ZIP				
TITLE	D			☐ Delete	TITLE	:			☐ Change	Addition
NAME	NEIMAN, I	VANCY			NAM	ı		,		
STREET ADDRESS		RESS CREED RD.			STRE	ET ADDRESS				
CITY=ST=ZIP	FT. LAUDERDALE FL 33309				CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	D			☐ Delete	TITLE	:	,		☐ Change	Addition
NAME	HUCK, PE	TER			NAMI	E				
STREET ADDRESS	2005 CYPI	ress creed RD.			STRE	ET ADDRESS				
CITY-ST-ZIP	FT. LAUDE	RDALE FL 33309			CITY-	-ST-ZIP				
TITLE				Delete	TITLE	:			Change	Addition
NAME					NAMI					
STREET ADDRESS					•	ET ADDRESS				
CITY-ST-ZIP					-	-ST-ZIP				
TITLE NAME				☐ Delete	TITLE	i		[☐ Change	☐ Addition
STREET ADDRESS					NAMI	ET ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE										
NAME				☐ Delete	TITLE			l	Change	☐ Addition
STREET ADDRESS			7			ET ADORESS				
CITY-ST-ZIP			<i>'</i>			ST-ZIP				
I	ertify that the	information supplied with	this filing	does not qualify for	the ever	motion etated in 9	Section 119 07(2\(i)\) Flor	ida Statutes. I further certif	v that the	information
indicated	on this repor	tor supplemental report is	true and	accurate and that or	ny sionat	ure shall have the	same legal effect as if	made under oath: that I am	an office	r or director
of the corr	poration or <i>i</i> r	ie receiver or trustee empo chment with an address, y	wered to	execute this report a	as requir	ed by Chapter 61	17, Florida Statutes; and	that my name appears in I	Block 10 c	or Block 11 if
changed,	or on an alla	Chinent with an address, y	an an oli	iei like empowered.				/		

TATURE REQUIRED