

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90110 025 ****61.25

DOCUMENT # **NONPROFIT CORPORATION**
 Entity Name
N98000006973
The Empowerment Center, Inc.

Principal Place of Business Mailing Address
NE 129ST. FL 33161 **560 NE 129ST. MIAMI FL 33161-4732**

Principal Place of Business 3. Mailing Address
560 N.E. 129ST **560 N.E. 129ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State **Miami** City & State **MIA**
 Zip **33161** Country **DADE** Zip **33161** Country **DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AmeriLawyer
343 AMERICA AVE
CORAL GABLES, FLA 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

| OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| PD ADDRESS ST-ZIP HIGGS, BARBARA J. 560 NE 129ST MIA FLA 33161 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| SVD ADDRESS ST-ZIP BRIGHTON, Gladys 560 NE 129ST MIA FLA 33161 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TD ADDRESS ST-ZIP NICKSON, Ramonn 560 NE 129ST MIA FLA 33161 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BERtha James 3912 NW 207th ST RD OPA ROCKA, FLA. 33055 |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Barbara J. Higgs 4-29-2000