

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006973

1. Entity Name

THE EMPOWERMENT CENTER, INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90010 016 ****61.25

Principal Place of Business

560 NE 129 ST.
 MIAMI FL 33161
 New Address
 7839 N. Bayshore DR.
 Miami, FL 33138

Mailing Address

560 NE 129 ST.
 MIAMI FL 33161
 P.O. Box
 014980
 MIA, FLA
 33101

2. Principal Place of Business

7839 N. Bayshore DR.

Suite, Apt. #, etc.

1

City & State

MIA FLA

Zip

33138

Country

DADE

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

014980

City & State

MIA FLA

Zip

33101

Country

DADE

4. FEI Number

65-0881391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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
 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	PD	<input type="checkbox"/> Delete
NAME	HIGGS, BARBARA J	
STREET ADDRESS	560 NE 129 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BRIGHAM, GLADYS	
STREET ADDRESS	560 NE 129 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, BERTHA	
STREET ADDRESS	3912 NW 207 ST	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

Let 9 2001

CR2E037 (5/01)