

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90068 030 ****61.25

DOCUMENT # N98000006973

1. Entity Name

THE EMPOWERMENT CENTER, INC.

Principal Place of Business

Mailing Address

7839 N BAYSHORE DRIVE

P.O. BOX 014980

MIAMI FL 33138

MIAMI FL 33101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881391

Applied For

Not Applicable

Zip

Country

Zip

Country

33138

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HIGGS, BARBARA J
 STREET ADDRESS 560 NE 129 STREET
 CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

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

TITLE SVD
 NAME BRIGHAM, GLADYS
 STREET ADDRESS 560 NE 129 STREET
 CITY-ST-ZIP MIAMI FL 33161 ☒ Delete

TITLE SVD
 NAME William Higgs
 STREET ADDRESS 7839 N. Bayshore DR #1
 CITY-ST-ZIP Miami, Fla. 33138 ☒ Change ☐ Addition

TITLE TD
 NAME JAMES, BERTHA
 STREET ADDRESS 3912 NW 207 ST
 CITY-ST-ZIP OPA LOCKA FL 33055 ☒ Delete

TITLE TD
 NAME Gloria Thomas
 STREET ADDRESS 1651 N.E. 115th # C16
 CITY-ST-ZIP Miami Fla. 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)