

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-10-2003 07:40:024 ***150.00
FILE P01000110570

DOCUMENT # *P01000110570*

1. Entity Name

The Empowerment Partnership, Inc.



03 NOV 17 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16191 NW 57th Avenue

Suite, Apt. #, etc.

3. Mailing Address

16191 NW 57th Avenue

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

Miami Lakes, FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

65-1156103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Executive Director
David W. Southwell
16191 NW 57th Avenue
Miami, Florida 33014

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2003 (305) 621-2239

Date

Daytime Phone #

CR2003R 1/12/03

The Empowerment Partnership, Inc.

16191 NW 57th Avenue
Miami, Florida 33014

Telephone (305) 828-6885

Fax (305) 828-5551

November 12, 2003

Florida Dept. of State
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Justin
Doc. No. P01000110570

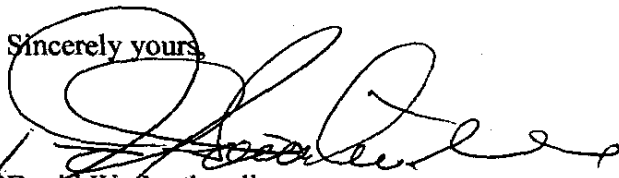
Dear Sir,

On or about March 15, 2003, we received notice that our Registered Agent must have a Florida address. Within a day or two of receiving such notice, we notified you that our Registered Agent is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

Apparently, our notification was not received by your office, and The Empowerment Partnership, Inc. was administratively dissolved. Please reinstate our corporation without penalty.

Thank you for your assistance.

Sincerely yours,



David W. Southwell
Executive Director