

Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Oruman	First Name Ahmod
Company Name Perpetual Development, LLC	Type of Business General Construction
Street 3608 Market Street, Svite D	City Houston
State Texas	Zip Code 77020
Office Number 832. 900.9499	Fax Number 281. 444. 4308
Mobile Number 713, 742, 3336	Date 08/25/2016
E-mail into @ perpetualhomes. com	Web Site www. perpetual homes. com

Stage of Business	Form of Business	Type of Business
Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years	Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Facility Fent Outside Facility Unknown at this time	Useable Business Plan Yes No Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{49,082}{(annually)} 2014 \$\frac{62,048}{(annually)} 2015	Number of employees (excluding yourself) Full time Part time
Gender Female ✓Male DOB: 05 / 30 / 1979	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature:



Last Name Graham First Name Akili		
Company Name The Ulitmate Wellness Group	Type of Business Holistic Health	
Street 4050 Mission Valley Dr.	City Missouri City	
State TX	Zip Code 77459	
Office Number 832-429-4576	Fax Number 832-201-7011	
Mobile Number 832-370-2212	Date 8/15/16	
E-mail theultimatewellnessgroup@gmail.com	Web Site www.theultimatewellnessgroup.com	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gross Income Generated by Business (for existing firms only) \$0.00		Number of employees (excluding yourself) Full time_1 Part time_0
Gender ○ Female ○ Male DOB: 08 / 11 / 1967	Ethnicity/Race Group © Black/African American O Hispanic O Asian O Native American O Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: Akili Graham



Last Name BROOKS	First Name ASHLEY	
Company Name iDeal Grub/Simplicity HR Consulting	Type of Business Mobile App and Consulting Services	
Street 7373 Ardmore	City Houston	
State Texas	Zip Code 77054	
Office Number 832-699-2667	Fax Number	
Mobile Number 678-472-2121	Date 8/15/2016	
E-mail ashley@simplicityhrconsulting.com	Web Site	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation ULC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility ● Home Based O Own Outside Facility O Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	\$\frac{(\text{annually})}{(\text{annually})}\$	Number of employees (excluding yourself) Full time 0 Part time 0
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: Ashley R. Brooks



Last Name Hughes	First Name Ashley	
Company Name	Type of Business Mobile App	
Street 3363 Mccue Rd	City Houston	
State Houston TX	Zip Code TX	
Office Number	Fax Number	
Mobile Number 6015664610	Date	
E-mail ashley.l.hughes@gmail.com	Web Site	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. Partnership Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan ○ Yes ⊙ No ○ Partial, Needs Work
Income generated by Business O Main Source of Income O Supplementary Income O Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 2014 (annually) \$ 3000 2015 (annually)	Number of employees (excluding yourself) Full time 0 Part time 0
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:



Last Name Honore	First Name AJ	
Company Name Engreen Power & Light, LLC	Type of Business LED Distribution/Energy Broker	
Street 162 Kings Way	City Stafford	
State TX	Zip Code 77477	
Office Number 832-319-7000	Fax Number 281-929-0423	
Mobile Number 832-755-1455	Date 08/23/2016	
E-mail support@engreenpower.com	Web Site www.engreenpower.com	

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	Business Facility	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gross Income Generated by Business (for existing firms on Supplementary Income (annually) (annually) (annually) (annually) (annually) (annually) (annually)		Number of employees (excluding yourself) Full time 2 Part time 2
Gender	Ethnicity/Race Group © Black/African American O Hispanic O Asian C Native American O Other	Employment Status © Employed Full Time C Employed Part Time C Self Employed Full Time C Self Employed Part Time C Unemployed

Client Signature:

a. J. Honore



Last Name Marshall	First Name Brenda	
Company Name The Panglossian Group LLC	Type of Business Training, Consulting, Coaching	
Street 3910 Gertin St.	City Houston	
State Texas	Zip Code 77004	
Office Number 713.807.8563	Fax Number	
Mobile Number 713.828.6221	Date 8.16.16	
E-mail Brendamarshall@sbcglobal.net	Web Site	

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$2014 (annually) \$2015 (annually) 2016	Number of employees (excluding yourself) Full time Part time
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: Brenda Marshall



Entrepreneurship Center Intake Form

A Business I	ncubator for	the Ur	ban Entrepreneur
Last Name Soe		First Nam	
Company Name S. Charles Public	Polations	oc ream	e Shoger
State Texas		City Hous	
Office Number 832-649-2617		Zip Code	
Mobile Number 713-498-0552		Fax Numb	
E-mail bhjoe@scprelations.com		Date Augu	
		Web Site \	www.scprelations.com
 Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Ousing Own Nam Filed D.B.A. Partnership Corporation Regular OS-Corporation LLC Non Profit Unknown at this tim	ne	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time		Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income	Gross Income General Business (for existing t	ted by	Number of employees

(excluding yourself)

Employment Status

O Employed Full Time

O Employed Part Time

Self Employed Full Time
Self Employed Part Time
Unemployed

Full time_

Part time_2

Client Signature: Bridgett S. Joe

O Supplementary Income O Unknown at this time

Gender

O Male

• Female

DOB: 10 /22 /1969

Business (for existing firms only)

(annually)

(annually)

Ethnicity/Race Group

O Native American

O Hispanic

O Asian

O Other

O Black/African American

2014

2015



Last Name Robinson	First Name Carl
Company Name DBT Environmental Health and Safety Risk Management	Type of Business EHS Consulting Risk Management
Street 2707 Heatherbend Dr.	City Pearland
State Texas	Zip Code 77584
Office Number 281-485-6386	Fax Number 281-485-6388
Mobile Number 281-830-2775	Date August 5, 2016
E-mail den bell-robins@sbcglobal.net	Web Site

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation ULC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Oown Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business O Main Source of Income O Supplementary Income O Unknown at this time	S 2014 \$ 2015 (2016) (annually)	Number of employees (excluding yourself) Full time Part time
Gender ○ Female ○ Male DOB: 12 / 89 / 1960	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature:

nature:



Last Name Williams	First Name Christopher
Company Name BPM Music Group LLC / Time	Type of Business Music Management
Street 2726 Bissonnet 240-336	City Houston
State Texas	Zip Code 77005
Office Number 832-535-2300	Fax Number www.time2smileusa.com
Mobile Number 832-525-2300	Date 8/25/16
E-mail bpmmusicgroupllc@gmail.com	Web Site www.bpmmusicaroupllc.com

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	\$\frac{125,000}{\text{(annually)}} 2014 \$\frac{131,000}{\text{(annually)}} 2015	Number of employees (excluding yourself) Full time 1 Part time 3
Gender O Female O Male DOB: 01 / 05 / 73	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time © Employed Part Time © Self Employed Full Time © Self Employed Part Time © Unemployed

Client Signature:

CAL



A Business Incubator for the Urban Entrepreneur

Last Name Zeno		First Name Darrell	
Co.		De la casa	
Street 2911 Coyole Trail Ct.		Missouri City.	
State Texas		Code 77459	
Office Number see mobile	F 30.00 Harrison and H. H. Harrison and C.	Number N/A	
Mohile Number 832-434-3398	/	a 8/25/2016	
daffel - zenocho	imail.com inc	one www. Zenos desserts. com	
Stage of Business	Form of Business	Type of Business	
Thinking of Starting a Business	O Sole Proprietorship	Type of business	
✓ In Process of Starting or	Filed D.B.A.	•	
Acquiring a Business		Service Service	
-	O Partnership O Corporation	Wholesale, Distribution	
Currently own a business in	1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Manufacturing	
operation for loss than 1 year	O Regular	Construction	
	Orc		
Ourrently own a business in operation for 1 to 5 years	O Non Profit	Unknown at this time	
Currently own a business in	O Unknown at this time		
years		i	
MWBE Certification Status	Position E 1811		
O Certified	Business Facility	Useable Business Plan	
A 10 10 10 10	Home Based	Q Yes	
J Ceruncation Denied	ν πεπι Outside Facility	J	
Have Not Applied	O Unknown at this time	Taruai, iveeds vvork	
Not Eligible	o similar area martine		
ncome generated by Business	Gross Income Generated	by Number of employees	
S Cumplement	وويرون والمرابط والمعاري الموجود المراجع والمحاجد والمستحدد المراجع والمستحدد المستحد المستحد المستحدد المستحدد	Contentioners of intermedicularity and recommendations of the contention of the content	
Supplementary Income Of Unknown at this time			
onknown at this time	\$_10,400 2014	Full time	
	(annually)	Part time 0	
	\$ 12,500 2015	Ture time	
	in the state of the subsequence	Ĭ	
iender	Ethnicity/Race Group	Employment Status	
Female	Black/African American	© Employed Full Time	
V Male	A HE :	T. I. I.D ±T:	
	∨ Asian	U sell employed Full time	
OB: 12 / 22 / 1971	O Native American	O Self Employed Part Time	
	O Other		

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Last Name Robinson	First Name Denetia
Company Name DBT Environmental Health and Safety Risk Management	Type of Business EHS Consulting Risk Management
Street 2707 Heatherbend Dr.	City Pearland
State Texas	Zip Code 77584
Office Number 281-485-6386	Fax Number 281-485-6386
Mobile Number 281-830-2775	Date August 5, 2016
E-mail den.bell-robins@sbcglobal.net	Web Site

 Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business O Main Source of Income O Supplementary Income O Unknown at this time	\$ 2014 \$ (annually) (annually)	Number of employees (excluding yourself) Full time Part time
Gender ⊙ Female ○ Male DOB: 05 / 28 / 1961	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time Concept Self Employed Full Time Concept Self Employed Part Time Concept Self Employed Part Time Concept Self Employed

Client Signature:



	Last Name ROBERTSO	N, Ed.D.	T	- Interest Chican	
	Company Name PTI Sports	+ Roch portion	First Nam	· Guylene	1 Tint
	Street 248 Woodsy Ho	llow Construct	Type of Bi	usiness Sports + Remealing	~ Constructe
	State 7 X		Zip Code	77335	
4. +0	Office Number 936-756	-7529	Fax Numb		
per wich	Mobile Number 936-52	3-0870		8-17-1/2	
FULL	E-mail auylene & ptic	experts, com	-	ptiexpertsicom	
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	Stage of Business Thinking of Starting a Business	Form of Business		Type of Business	
	O minking of starting a Business	-	p	~	
	O In Process of Starting or	O Using Own Nar Filed D.B.A.	ne	Retail	
	Acquiring a Business	O, Partnership		O Service	
	O Currently own - business	Corporation		O Wholesale, Distribution O Manufacturing	
	O Currently own a business in operation for less than 1 year	O Regular		(Construction	
		9-G-Corporation		O Finance, Insurance, Real Estate	
	O Currently own a business in	I OTLC		O Unknown at this time	
	operation for 1 to 5 years	O Non Profit		1	
	Currently own a business in	O Unknown at this ti	me		
	operation for more than 5				
	years				
	MWBE Certification Status	Business Facility			
	O Certified	Home Based		Useable Business Plan O Yes	
	O Application in Process	Own Outside Fac	ility	O No	
	O Certification Denied O Have Not Applied	O Rent Outside Faci	lity	Partial, Needs Work	
	Not Eligible	O Unknown at this ti	me		
d					
	Income generated by Business Main Source of Income	Gross Income Genera	ated by	Number of employees	
	O Supplementary Income	Business (for existing	firms only)	(excluding yourself)	
	O Unknown at this time	\$ 350,000	2014	5 6	
		2 7(annually)		Full time 5 Part time 6 Sea Sanal	
			2015	rait time	
		(annually)			
-	Condon				
	Gender	Ethnicity/Race Group	, 7	Employment Status	
1	Female Male	O Black/African Amer	rican	Employed Full Time	
	<i>-</i> .	O Asian		Employed Part Time	
	DOB: 11 / 03/ 1956	Other	1	Self Employed Full Time Self Employed Part Time	
L		Other		Unemployed	
c	Client Signature:	e Rober	tson	n or fax to (713) 393-8774	
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-	lov.	*d			
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1 10 M. Em	Please email this form to	I Nonvocadel			
Mar Dr	X K. N	FIADI MODDI MILEN	ieelic.com	n or fax to (713) 393-8774	
D. W. Y.	4 De			/ /	
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· //	50°				
Ke sakk	y				
Sold of the					
8/1/2					



Last Name James	First Name Mosely
Company Name Supreme Crane and Rigging L.L.C.	Type of Business Crane Rental Service
Street 1438 North Market Loop	City Baytown
State TX.	Zip Code 77520
Office Number 281.974.8255	Fax Number 832.941.1149
Mobile Number 281.961.5198	Date 8/25/2016
E-mail mosely_james@yahoo.com	Web Site

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. Partnership Corporation Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan ⊙ Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 2014 (annually) \$ 2015 (annually)	Number of employees (excluding yourself) Full time_3 Part time
Gender Female Male DOB: 06 / 04 / 1960	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:



Last Name Youngers	First Name James
Company Name Got Dirty Blinds?	Type of Business Specialty Cleaning / Service
Street 11122 Braes Forest	City Houston
State TX	Zip Code 77071
Office Number 832-986-8457	Fax Number 713-729-6833
Mobile Number 832-289-7514	Date 8-17-16
E-mail Service@GotDirtyBlinds.net	Web Site GotDirtyBlinds.net

 Stage of Business ⊙ Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business O Main Source of Income O Supplementary Income O Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{20000 (appx)}{(annually)} 2014 (annually) \$\frac{30000 (appx)}{(annually)} 2015	Number of employees (excluding yourself) Full time Part time_1
Gender Female Male DOB:4/3/67	Ethnicity/Race Group O Black/African American O Hispanic O Asian O Native American O Other	Employment Status © Employed Full Time C Employed Part Time C Self Employed Full Time C Self Employed Part Time C Unemployed

Client Signature: James Youngers (electronically signed on 8-17-16 at 10:2



Last Name Harris	First Name Johnny
Company Name Glistening Spaces, Inc. DBA Deluxe Cleaning Concepts	Type of Business Janitorial & Construction Clean Up
Street 6910 Hockley Garden Ln	City Houston
State TX	Zip Code 77049
Office Number (832) 978-2018	Fax Number (281) 454-2020
Mobile Number (832) 640-5656	Date August 25, 2016
E-mail johnny@deluxecleaningconcepts.com	Web Site www.deluxecleaningconcepts.com

 Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{117,561}{(annually)} \frac{2014}{(annually)} \$\frac{302,388}{(annually)} \frac{2015}{(annually)}	Number of employees (excluding yourself) Full time Part time_6
Gender O Female O Male DOB:8 /31 /62	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time © Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature: Johnny Harris, J.



Last Name Scott	First Name Joyce
Company Name Superb Speakers and Trainers	Type of Business - Consulting
Street 5090 Richmond Ave., # 756	City Houston
State Texas	Zip Code 77056
Office Number 713-828-3613 - Mobile	Fax Number 512.532.6718
Mobile Number 512-656-1715	Date 8/23/16
E-mail joycescott@superbspeakers.com	Web Site www.superbspeakers.com

Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years X_Currently own a business in operation for more than 5 years	Form of Business X Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Retail XService Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status XCertified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility XHome Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan XYes No Partial, Needs Work
Income generated by Business XMain Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$40,000.002014 (annually) \$45,000.002015 (annually)	Number of employees (excluding yourself) Full time Part time 2 – Staff / 130 contractors
Gender XFemal e Male DOB: 06/09/1951	Ethnicity/Race Group XBlack/African American Hispanic Asian Native American Other	Employment Status Employed Full Time Employed Part Time XSelf Employed Full Time Self Employed Part Time

Client Signature:



Last Name Wright	First Name Kedrick
Company Name Wright Program Management	Type of Business Capital Improvement Consultant
Street 4010 FM 2920 Sroad	City Spring
State Texas	Zip Code 77388
Office Number 7134468755	Fax Number
Mobile Number	Date 8/25/16
E-mail kedrick@wpmsolution.com	Web Site www.wpmsolution.com

 Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan ○ Yes ⊙ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$0 2014 (annually) \$0 2015 (annually) \$ 2016	Number of employees (excluding yourself) Full time_1 Part time_0
Gender ○ Female ○ Male DOB: 12 / 20 / 1979	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:



Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name JOSEPH	First Name KEUT
Company Name Automation & Integration	Type of Business Electrical Contractor
Street 23110 Willow Conyon On	City Katy
State TX	Zip Code 777494
Office Number 832 - 321 - 4564	Fax Number 832 - 321 - 5087
	Date 08/25/16
E-mail Kent. 12 Seph Cantomation -int. com	Web Site WWW auto marion - Into com

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 350 000 2014 (annually) \$ 380 000 2015 (annually)	Number of employees (excluding yourself) Full time Part time
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature: Bent R Joseph



Client number

Last Name Spearman	First Name Landi
Company Name Destination 4 Relocation LLC	Type of Business Relocation Mgt Services
Street 4543 Post Oak Place #107	City Houston
State TX	Zip Code 77027
Telephone Number 832-953-4347	Fax Number 281-598-5479
E-mail D4Relo@gmail.com	Date 8/19/16
Center Location Houston	Web Site www.Destination4Relocation.com

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Stage of BusinessThinking of Starting a BusinessIn Process of Starting or Acquiring a BusinessCurrently own a business that has been in operation for less than 1 yearx_Currently own a business that has been in operation for 1 to 5 yearsCurrently own a business that has been in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation _xLLC Non Profit Unknown at this time	Type of Business Retail _x Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status x Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Facility x_ Rent Outside Facility Unknown at this time	Useable Business PlanYesNo _x Partial, Needs Work
Income generated by Business is x Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{37000}{2014} (annually) \$\frac{19976}{2015} (annually)	Number of employees (excluding yourself) Full time4
Genderx_Female Male DOB: 2/15/1976	Ethnicity/Race Group _x_ Black/African American Hispanic Asian Native American Non- Minority	Employment Status Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature:	LAMAS
-	11.10



Last Name Harris	First Name Marian (Lynn)
Company Name Glistening Spaces, Inc. DBA Deluxe Cleaning Concepts	Type of Business Janitorial & Construction Clean Up
Street 6910 Hockley Garden Ln	City Houston
State TX	Zip Code 77049
Office Number 832-978-2018	Fax Number 281-454-2020
Mobile Number 832-978-2018	Date 08/18/16
E-mail marian@deluxecleaningconcepts.com	Web Site www.deluxecleaningconcepts.com

 Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{117,561}{(\text{annually})} \frac{2014}{(\text{annually})} \frac{302,388}{(\text{annually})} \frac{2015}{(\text{annually})}	Number of employees (excluding yourself) Full time Part time_6
Gender Female Male DOB:8 /25 /66	Ethnicity/Race Group	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature: Marian L. Harris



Last Name Lynch	First Name Markisha
Company Name Elegant Home Designs & Cleaning Service LLC	Type of Business Construction
Street 829 N Frazier St	City Conroe
State TX	Zip Code 77301
Office Number 936-463-1640	Fax Number 936-756-1833
Mobile Number 409-457-9037	Date 8/15/2016
E-mail EHDandCleaningService@gmail.com	Web Site www.EHDandCleaningService.com

Stage of Business ○ Thinking of Starting a Business ○ In Process of Starting or Acquiring a Business ○ Currently own a business in operation for less than 1 year ○ Currently own a business in operation for 1 to 5 years ○ Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{2.916}{(\text{annually})} 2014 \$\frac{9.374}{(\text{annually})} 2015 (\text{(annually)}	Number of employees (excluding yourself) Full time 2 Part time 0
Gender ● Female ● Male DOB: 08 / 24 / 1982	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time C Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature: Markisha Lynch



Last Name Levi	First Name Michelle
Company Name Elite Image Tax & Notary Service LLC	Type of Business Accounting Firm
Street 1301 Texas Street, SUite 102	City Houston
State Texas	Zip Code 77002
Office Number 713.393.8713	Fax Number 801.749.8132
Mobile Number 832.563.8476	Date August 16, 2017
E-mail elitetax42@gmail.com	Web Site www.eliteimagetax.com

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship OUsing Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan Yes No Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{44.804}{(\text{annually})} 2014 \$\frac{78,000}{(\text{annually})} 2015 (annually)	Number of employees (excluding yourself) Full time 2 Part time 4
Gender	Ethnicity/Race Group O Black/African American O Hispanic O Asian O Native American O Other	Employment Status © Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: Michelle M Levi



Last Name Rhodes	First Name Michele
Company Name NewTex Property Services, LLC	Type of Business Property & Facilities Management
Street PO Box 1371	City Sugar Land
State TX	Zip Code 77487
Office Number 832-718-6883	Fax Number
Mobile Number 832-428-5549	Date 8/25/16
E-mail Newtexps@yahoo.com	Web Site

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ⊙ Have Not Applied ○ Not Eligible	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{52,000}{(\text{annually})} 2014 \$\frac{47,000}{(\text{annually})} 2015 \$\text{(annually)}	Number of employees (excluding yourself) Full time Part time
Gender	Ethnicity/Race Group © Black/African American O Hispanic O Asian O Native American O Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: Michele Rhoded



Client number

Last Name Land	First Name Monique
Company Name Destination 4 Relocation LLC	Type of Business Relocation Mgt Services
Street 4543 Post Oak Place #107	City Houston
State TX	Zip Code 77027
Telephone Number 832-953-4347	Fax Number 281-598-5479
E-mail D4Relo@gmail.com	Date 8/19/16
Center Location Houston	Web Site www.Destination4Relocation.com

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Stage of BusinessThinking of Starting a BusinessIn Process of Starting or Acquiring a BusinessCurrently own a business that has been in operation for less than 1 yearx_Currently own a business that has been in operation for 1 to 5 yearsCurrently own a business that has been in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. PartnershipCorporationRegularS-Corporation _x_LLCNon ProfitUnknown at this time	Type of Business Retail _x Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status x Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Facility x_ Rent Outside Facility Unknown at this time	Useable Business PlanYesNo _x Partial, Needs Work
Income generated by Business is _x Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{37000}{2014} (annually) \$\frac{19976}{2015} (annually)	Number of employees (excluding yourself) Full time4
Genderx_FemaleMale DOB: _12	Ethnicity/Race Group _x_ Black/African American Hispanic Asian Native American Non- Minority	Employment Status Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature:	4Me do	Morignal	Land
	11.4 - 6	11	



Last Name Pena	First Name Morlene
Company Name Alliance Meeting & Conference Management	Type of Business Meeting and Event Planning Service
Street 13100 W Bellfort Avenue	City Houston
State TX	Zip Code 77099
Office Number 832-288-2991	Fax Number
Mobile Number	Date 8.17.16
E-mail alliancemcm@sbcglobal.net	Web Site www.alliancemcm.com

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility ⊙ Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{30,000}{(annually)} 2014 \$\frac{35,000}{(annually)} 2015	Number of employees (excluding yourself) Full time_1 Part time
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature: Morlene Pena



Last Name Willams	First Name Tiffany	
Company Name Twice Media Productions, LLC	Type of Business Service Video Marketing	
Street 1301 Texas Ave.	City Houston	
State TX	Zip Code 77002	
Office Number 832-390-0559	Fax Number	
Mobile Number	Date 8/25/16	
E-mail tiffany@twicemediaprodctions.com	Web Site twicemediaproductions.com	

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status ⊙ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{41,000}{(\text{annually})} 2014 \$\frac{80,000}{(\text{annually})} 2015 (annually)	Number of employees (excluding yourself) Full time 0 Part time 2
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:



Last Name Youngers	First Name Nina
Company Name Got Dirty Blinds? LLC	Type of Business Cleaning Service
Street 11122 Braes Forest Dr	City Houston
State TX	Zip Code 77071
Office Number 832-986-8457	Fax Number
Mobile Number 713-857-8535	Date 08/15/2016
E-mail contactus@gotdirtyblinds.net	Web Site gotdirtyblinds.net

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified Application in Process Certification Denied Have Not Applied Not Eligible	■ Business Facility	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business O Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$ 2014 (annually) \$ 35,000 2015 (annually)	Number of employees (excluding yourself) Full time 1 Part time 2
Gender ● Female Male DOB: 10 / 08 /	Ethnicity/Race Group O Black/African American Hispanic Asian Native American O ther	Employment Status O Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature:



Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

		,		
Last Name HARDY		Type of Business Comm. Jantoual		
Company Name HARdy & HARDY MC.		Type of Business Comm. JANITOUAL		
Street P.O : 80 X 1150		city Fresno		
State TX-		Zip Code	77545	
Office Number 7/3-728-8/00 Ext, 200		Fax Number 7/3-785-8/05		
Mobile Number 7/3-557-078/		Date 8		
E-mail chardusce hardy	and Mardy.com	Web Site	hardy and hardy.com	
5 - 5				
Stage of Business ○ Thinking of Starting a Business ○ In Process of Starting or Acquiring a Business ○ Currently own a business in operation for less than 1 year ○ Currently own a business in operation for 1 to 5 years ○ Currently own a business in operation for more than 5	Form of Business Sole Proprietorshi Using Own Nar Filed D.B.A. Partnership Corporation Regular Scorporation O LLC O Non Profit O Unknown at this ti	me	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time	
years MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based O Own Outside Facility Rent Outside Facility Unknown at this time		Useable Business Plan O Yes O No O Partial, Needs Work	
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income General Business (for existing \$142,000,000) \$ 402,000,000 (annually)	g firms only) 2 014	Number of employees (excluding yourself) Full time Part time2	
Gender Female Male DOB: 8 / 56	Ethnicity/Race Grou Black/African Ame O Hispanic O Asian O Native American O Other	P erican	Employment Status © Employed Full Time © Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed	
Client Signature:	March S	7		



Last Name MELROSE	First Name RODNEY
Company Name MELROSE MECHANICAL SERVICE LLC	Type of Business HVAC
Street 2121 ELPASEO #1910	City HOUSTON
State TEXAS	Zip Code 77021
Office Number 7133048906	Fax Number
Mobile Number	Date 08/17/~
E-mail NAIMRODNEY@YAHOO.COM	Web Site

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business O Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{10.000.00}{(annually)} \\ \$\frac{8000.00}{(annually)} \\ (annually)	Number of employees (excluding yourself) Full time1-2 Part time
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: RODNEY D. MELROSE



Last Name Cambas	First Name Sarah-Hampton
Company Name Hampton Industries LLC	Type of Business Product and Equipment Supplier
Street 5250 Brownway Street #2218	City Houston
State X	Zip Code 77056
Office Number / 13-501-3853	Fax Number
Mobile Number 504-444-71/7	Date 08/23/16
E-mail scambas@hamptonindustriestx.com	Web Site hamptonindustriestx.com

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied Not Eligible *See below	Business Facility ● Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan O Yes O No Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	\$\frac{0}{(\text{annually})} 2015 2016 Revenue: \$6,394.30	Number of employees (excluding yourself) Full time Part time
Gender ● Female ○ Male DOB: 11 05 85	Ethnicity/Race Group O Black/African American O Hispanic O Asian O Native American O Other	Employment Status O Employed Full Time O Employed Part Time Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:

The company was ineligible for MWBE because it had not yet completed a transaction, however, I just submitted my first invoice. I will begin the application after I receive payment.



Last Name Stewart	First Name Sharon	
Company Name The Peerless Consultant, LLC	Type of Business Consulting	
Street 2313 McIlhenny St.	City Houston	
State Texas	Zip Code 77004	
Office Number	Fax Number	
Mobile Number 423-504-2541	Date 8/15/16	
E-mail s.stwrt@gmail.com	Web Site	

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility	Useable Business Plan Yes No Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$2014 \$	Number of employees (excluding yourself) Full time Part time_1
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time © Employed Part Time © Self Employed Full Time © Self Employed Part Time © Unemployed

Client Signature: Sharon A. Stewart



Last Name Muhammad	First Name Tawana	
Company Name TMB2B HR Consulting	Type of Business Consulting	
Street 4050 Mission Valley Dr.	City Missouri City	
State TX	Zip Code 77459	
Office Number 281-410-5454	Fax Number 832-201-7011	
Mobile Number 302-604-4859	Date 8/15/16	
E-mail tmb2bhrconsulting@gmail.com	Web Site	

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{0.00}{(annually)} 2014 \$\frac{2500}{(annually)} 2015 (annually)	Number of employees (excluding yourself) Full time_1 Part time_0
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature: Tawana Muhammad



Last Name Council	First Name Tina	
Company Name I Am Pleased Development Center	Type of Business Consulting firm	
Street 8544 W. Beilfort #123	City Houston	
State TX	Zip Code 77071	
Office Number 713-256-4554	Fax Number 713-551-9699	
Mobile Number 713-256-2718	Date 08/17/2016	
E-mail tina@iampleased.com	Web Site www.iampleased.com	

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business ○ Retail ○ Service ○ Wholesale, Distribution ○ Manufacturing ○ Construction ○ Finance, Insurance, Real Estate ○ Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{96,000,00}{(annually)} \\ \$\frac{85,000,90}{(annually)} \\ (annually)	Number of employees (excluding yourself) Full time_1 Part time_
Gender ○ Female ○ Male DOB: 11 / 1 / 1958	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature:

Vina J. Courcel



Last Name AGHA		First Name	TRACY	
Company Name Strategic	Alliance memt	Type of Busi		diarra
Street 2326 Diamond S	primas Drive	City	3, 3, 3, 3, 1, 1,	
State Pearland ITX	1 777584	Zip Code		
Office Number		Fax Number	,	
Mobile Number 713-269	-5620	Date	08/15/20/6	
E-mail tracyaghac	e mish.com	Web Site		
1)		A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5	Form of Business Sole Proprietorship Using Own Nar Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this ti	ne	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time	
years MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Fac Rent Outside Fac Unknown at this	cility	Useable Business Plan ⊙ Yes ○, No Ø Partial, Needs Work	
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Gene Business (for existin \$(5_,6_00.03 \$(annually) \$(annually) (annually)	g firms only) 2014	Number of employees (excluding yourself) Full time Part time	
Gender ③ Female ○ Male DOB: 03/28/1964	Ethnicity/Race Grou Black/African Am Hispanic Asian Native American Other	nerican	Employment Status © Employed Full Time O Employed Part Time Self Employed Full Time O Self Employed Part Time Unemployed	

Client Signature:



Last Name Phillips-Lee	First Name Yolanda	
Company Name CYPM Corporation, Inc.	Type of Business Professional Services	
Street 3506 Quail Meadow Drive	City Missouri City	
State Texas	Zip Code 77459	
Office Number 412-680-7509	Fax Number	
Mobile Number 412-680-7509	Date August 17, 2016	
E-mail cypmcorp	Web Site	

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	■ Business Facility	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{1000.00}{(annually)} 2014 \$\frac{800.00}{(annually)} 2015 (annually)	Number of employees (excluding yourself) Full time Part time_2
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature:

Golanda Phillips-Lee



Last Name Harvey	First Name James
Company Name ARK Engineer & Cons 17.	Type of Business Engineering
Street 9668 Westheimer Rd. #153 Form	City Houston
State TX.	Zip Code 77063
Office Number	Fax Number 832 218 9181
Mobile Number 832 236 7/65	Date
E-mail harvey Carkensineer. com	Web Site

Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	\$ 125,000 2014 (annually) (annually) (annually)	Number of employees (excluding yourself) Full time O Part time 3
Gender ⊙ Female ≫ Male DOB: <u>04/21</u> / <u>//</u>	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time

Client Signature: James Harwey



Last Name Honore	First Name Jordan	
Company Name Engreen Power & Light, LLC	Type of Business LED Distribution/Energy Broker	
Street 162 Kings Way	City Stafford	
State TX	Zip Code 77477	
Office Number 832-319-7000	Fax Number 281-929-0423	
Mobile Number 832-755-1456	Date 08/23/2016	
E-mail support@engreenpower.com	Web Site www.engreenpower.com	

 Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Sole Proprietorship	Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$2014 (annually) \$2015 (annually) 4500020[6]	Number of employees (excluding yourself) Full time 2 Part time 2
Gender	Ethnicity/Race Group © Black/African American C Hispanic O Asian C Native American O Other	Employment Status © Employed Full Time C Employed Part Time C Self Employed Full Time C Self Employed Part Time C Unemployed

Client Signature:

SAN



Last Name Henry	First Name Texavier	
Company Name 3T Media	Type of Business Graphic Design	
Street 2826 Glen Cullen	City Pearland	
State TX	Zip Code 77584	
Office Number 713-538-3497	Fax Number	
Mobile Number 713-538-3497	Date 08/17/16	
E-mail info@threetmedia.com	Web Site www.threetmedia.com	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied Not Eligible	Business Facility ⊙ Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$8,000 2014 (annually) \$9,000 2015 (annually)	Number of employees (excluding yourself) Full time_1 Part time
Gender ○ Female ○ Male DOB: 6 / 14 / 1988	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time Unemployed

Client Signature: Texavier Henry



Last Name Bessard	First Name Terry
Company Name HighStar Communications	Type of Business Writing and Consulting
Street 8527 Candlegreen Lane	City Houston
State Texas	Zip Code 77071
Office Number 281.235.7914	Fax Number 713.272.7222
Mobile Number 281.235.7914	Date 8/17/16
E-mail highstar@mail.com	Web Site highstarcom.com

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation ULC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ○ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$71,500	Number of employees (excluding yourself) Full time 0 Part time 0
Gender Female Male DOB: 03 / 22 / 56	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature:



		First Name Godfrey
Last Name Johnson	4.4.	Type of Business Serves
Company Name Mildew M	nen	City Mis Souri City
Street 15330 O'HARA		
State 7x 77489	/	
Office Number 7/3 557-	1135	Fax Number
Mobile Number 7/3 557-7	113 >	Date 8/24/16
E-mail golfragishuson	-jrayahoa	Web Site
7,5		
 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 	Form of Business Sole Proprietorshi Using Own Nar Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this t	Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time
years MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this	acility Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income General Business (for existing \$ 90,000 + (annually) \$ 100,000 + (annually)	ing firms only) (excluding yourself)
Gender Female Male DOB: 8/19/14	Ethnicity/Race Gro Black/African Ar Hispanic Asian Native American Other	merican Employed Full Time Employed Part Time Self Employed Full Time



Entrepreneurship Center Intake Form

A Business Incubator for the Urban Entrepreneur

Last Name Suter	First Name	JACQUELINE
Company Name Walker	COM INC. Type of Bus	iness Telecommunications
Street 22/3 GARDEN A	City PEA	RHAND
State TX	Zip Code	17581
Office Number 281- 997-		1281-9975750
Mobile Number 28/- 795		14-2016
E-mail jacqueline elu	ter @ walker comeb Site	www.walkercom.com
3 0	com	
Stage of Business	Form of Business	Type of Business
Thinking of Starting a Business	Sole Proprietorship	
01.5	OUsing Own Name	© Retail
O In Process of Starting or Acquiring a Business	Filed D.B.A.	Service Telecommunications
Acquiring a business	© Partnership	Wholesale, Distribution Manufacturing
O Currently own a business in	@ Corporation	O Construction
operation for less than 1 year	@ Regular	Finance, Insurance, Real Estate
500 E 14 TO 760	S-Corporation CLC	O Unknown at this time
Currently own a business in	O Non Profit	
operation for 1 to 5 years	O Unknown at this time	
Currently own a business in	Onknown at this time	
operation for more than 5		1624
years Do 180+ Dans 1- De	creatly employed be	ttis Dance humans on ma
years () All the control of	The state of the s	The person of the
	· · · · · · · · · · · · · · · · · · ·	Useable Business Plan
MWBE Certification Status Certified	Business Facility Home Based	Useable Business Plan Yes
MWBE Certification Status Certified Application in Process	Business Facility Home Based Own Outside Facility	Useable Business Plan ⊚ Yes ○ No
MWBE Certification Status Certified Application in Process Certification Denied	Business Facility Home Based Own Outside Facility Rent Outside Facility	Useable Business Plan Yes
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied	Business Facility Home Based Own Outside Facility	Useable Business Plan ⊚ Yes ○ No
MWBE Certification Status Certified Application in Process Certification Denied	Business Facility Home Based Own Outside Facility Rent Outside Facility	Useable Business Plan ⊚ Yes ○ No
MWBE Certification Status ② Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ③ Not Eligible Income generated by Business	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan Yes No Partial, Needs Work Number of employees
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income	Business Facility Home Based Mom Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan Yes No Partial, Needs Work
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Business Facility	Useable Business Plan ② Yes ○ No ③ Partial, Needs Work Number of employees (excluding yourself)
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time Gross Income Generated by Business (for existing firms only)	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time Gross Income Generated by Business (for existing firms only) (annually) mm. 2014	Useable Business Plan ② Yes ○ No ③ Partial, Needs Work Number of employees (excluding yourself)
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time Gross Income Generated by Business (for existing firms only) (annually) mm. 2014	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Business Facility Home Based Mown Outside Facility Rent Outside Facility Unknown at this time Gross Income Generated by Business (for existing firms only) (annually)	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time Gross Income Generated by Business (for existing firms only) (annually) MM 2014 (annually) (annually)	Useable Business Plan ② Yes ○ No ② Partial, Needs Work Number of employees (excluding yourself) Full time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Business Facility	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employment Status
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female	Business Facility	Useable Business Plan ② Yes ② No ③ Partial, Needs Work Number of employees (excluding yourself) Full time Part time Employment Status ⑥ Employed Full Time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Business Facility	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employed Full Time Self Employed Full Time Self Employed Full Time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female Male	Business Facility	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employed Full Time Self Employed Full Time Self Employed Part Time Self Employed Part Time
MWBE Certification Status Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female	Business Facility	Useable Business Plan Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employed Full Time Self Employed Full Time Self Employed Full Time

Client Signature:

Number of employees

Full time_

Part time_

(excluding yourself) . O



Entrepreneurship Center Intake Form A Business Incubator for the Urban Entrepreneur

	Last Name (UT/ 5020)	0 1	First Name	- 2 he/1a -
	Company Name 12000 0+	- factly	Type of Bus	iness Church
	Street 320 PRINSHIULD	ena	Clty /	Loughor
	State To		Zip Code	77029
	Office Number 832-788-2	1/25	Fax Numbe	1 —
	Mobile Number 🗸		Date	
	E-mail habaKKUKZZ	5 199 8 ayoko	Web Site #	LIDECOIC. MUMOBILLUS
			- =3	out-jon y minior
	Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in, operation for more than 5 years	Form of Business Sole Proprietorship Using Own Nan Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this tin	ne	Type of Business Retail Service Wholesale, Distribution Manufacturing Construction Finance, Insurance, Real Estate Unknown at this time Church
`	MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied O Not Eligible	Business Facility Home Based O Own Outside Fac Rent Outside Fac Unknown at this t	ility	Useable Business Plan O Yes O No Partial, Needs Work

	(annually)	
Gender Female Male DOB: # 154 160	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status Employed Full Time Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Gross Income Generated by

Business (for existing firms only)

Client Signature:

Income generated by Business

Members & Dowaskan

Main Source of Income

O Supplementary Income Unknown at this time



Last Name Reaux	First Name Glen	
Company Name LiveWell Insurance Products, Inc.	Type of Business Financial Services	
Street 11046 Dalebrook	City Houston	
State Texas	Zip Code 77054	
Office Number	Fax Number	
Mobile Number 281-827-7909	Date 08/15/2016	
E-mail g.reaux@thenewfaceofhealthcare.com	Web Site www.medicalrebate.com	

Stage of Business	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
 MWBE Certification Status ⊙ Certified ○ Application in Process ○ Certification Denied ○ Have Not Applied ○ Not Eligible 	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ⊙ Yes ○ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$\frac{0.00}{(annually)} 2014 \$\frac{0.00}{(annually)} 2015 (annually)	Number of employees (excluding yourself) Full time_1 Part time_2
Gender ○ Female ○ Male DOB: 03 / 03 / 1051	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time C Employed Part Time Self Employed Full Time Self Employed Part Time Unemployed

Client Signature: Glen J. Reaux



Last Name Jackson	First Name Haley	
Company Name N/A	Type of Business N/A	
Street 2332 Naomi St	City Houston	
State TX	Zip Code 77054	
Office Number N/A	Fax Number N/A	
Mobile Number 706-766-0139	Date 8/17/2016	
E-mail ingeniousjackson@gmail.com	Web Site N/A	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified Application in Process Certification Denied Have Not Applied Not Eligible	Business Facility O Home Based O Own Outside Facility O Rent Outside Facility O Unknown at this time	Useable Business Plan O Yes O No O Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Gross Income Generated by Business (for existing firms only) \$2014 (annually) \$2015 (annually)	Number of employees (excluding yourself) Full time Part time
Gender	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status © Employed Full Time © Employed Part Time © Self Employed Full Time © Self Employed Part Time © Unemployed

Client Signature: Haley Jackson



Last Name COUCINO OC	71	First Name A TOTAL
Company Name Persuade	di Faces	Type of Business Hatth & Beauty City Routowy
Street (MW N. WBin 37	1604 HU25	
State Texas		Zip Code 752
Office Number	-001	Fax Number
Mobile Number 936: 745		Date AUGUST 16,2010
E-mail Australia. Edunbo	rugh (gravel	Web Site MAIN MATURAY. CONFLICTION
	, - J	3 ()
Stage of Business	Form of Business	Type of Business
Thinking of Starting a Business	Sole Proprietorshi	
01.0	OUsing Own Nar	
O In Process of Starting or Acquiring a Business	Filed D.B.A.	Service
Acquiring a business	O Partnership	Wholesale, Distribution
Currently own a business in	O Corporation	Manufacturing Construction
operation for less than 1 year	O Regular	Finance, Insurance, Real Estate
*	S-Corporation CLC	O Unknown at this time
 Currently own a business in 	O Non Profit	
operation for 1 to 5 years		
- C	O Unknown at this ti	ime
Currently own a business in operation for more than 5	3.550	
years years		*
BANAIDE C. A'C' A' CALA	Book and Englished	Describe produces bloom
MWBE Certification Status	Business Facility	Useable Business Plan
O Certified	Home Based	Yes
O Certified O Application in Process	Home BasedOwn Outside Fa	ecility Yes
O Certified	Home Based	cility O No Partial, Needs Work
O Certified O Application in Process O Certification Denied	Home BasedOwn Outside FaRent Outside Fa	cility O No Partial, Needs Work
 Certified Application in Process Certification Denied Have Not Applied Not Eligible 	Home Based Own Outside Fa Rent Outside Fa Unknown at this	cility cility cility time Yes O No Partial, Needs Work
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business	Home Based Own Outside Fa Rent Outside Fa Unknown at this	cility cility time Yes O No Partial, Needs Work Frated by Number of employees
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income 	Home Based Own Outside Fa Rent Outside Fa Unknown at this	cility cility time Yes O No Partial, Needs Work Trated by Number of employees
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin	Yes O No Partial, Needs Work Frated by g firms only) Number of employees (excluding yourself)
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income 	Home Based Own Outside Fa Rent Outside Fa Unknown at this	Yes No Partial, Needs Work Tated by g firms only) Pull time Part time
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income 	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually)	Yes O No Partial, Needs Work Trated by g firms only) Number of employees (excluding yourself)
 Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income 	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin	Yes No Partial, Needs Work Tated by g firms only) Pull time Part time
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually)	Yes No Partial, Needs Work Tated by g firms only) Pull time Part time
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually)	Yes No Partial, Needs Work Partial, Needs Work Partial (Needs Work)
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually) Ethnicity/Race Groe Black/African Am	Yes No Partial, Needs Work Pa
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually) Ethnicity/Race Groe Black/African Am Hispanic	Yes No Partial, Needs Work Pa
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female Male	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually) Ethnicity/Race Groe Black/African Am Hispanic Asian	Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employment Status Employed Full Time Self Employed Full Time Self Employed Full Time
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female Male	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually) Ethnicity/Race Grow Black/African Am Hispanic Asian Native American	Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Employment Status Employed Full Time Self Employed Part Time Self Employed Part Time Self Employed Part Time
Certified Application in Process Certification Denied Have Not Applied Not Eligible Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gender Female	Home Based Own Outside Far Rent Outside Far Unknown at this Gross Income Gene Business (for existin (annually) (annually) Ethnicity/Race Groe Black/African Am Hispanic Asian	Yes No Partial, Needs Work Number of employees (excluding yourself) Full time Part time Part time Employment Status Employed Full Time Self Employed Full Time Self Employed Full Time

Client Signature:



Entrepreneurship Center Intaké Form

A Business Incubator for the Urban Entrepreneur

Last Name Ezenekwe	First Name Ifeanyi	
Company Name Tikon Group Inc	Type of Business Construction	
Street 6335 Gulfton St Suite 201	City Houston	
State Texas	Zip Code 77081	
Office Number 713-988-1669	ber 713-988-1669 Fax Number 713-988-2082	
Mobile Number 832-897-3959	Date 08-15-2016	
E-mail why3days@gmail.com	Web Site	

Stage of Business O Thinking of Starting a Business O In Process of Starting or Acquiring a Business O Currently own a business in operation for less than 1 year O Currently own a business in operation for 1 to 5 years O Currently own a business in operation for more than 5 years	Form of Business O Sole Proprietorship O Using Own Name Filed D.B.A. O Partnership O Corporation O Regular O S-Corporation O LLC O Non Profit O Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status O Certified O Application in Process O Certification Denied O Have Not Applied ⊙ Not Eligible	Business Facility Home Based Own Outside Facility Rent Outside Facility Unknown at this time	Useable Business Plan ○ Yes ⊙ No ○ Partial, Needs Work
Income generated by Business O Main Source of Income O Supplementary Income O Unknown at this time	\$ 2014 (annually) \$ 2015 (annually)	Number of employees (excluding yourself) Full time Part time
Gender	Ethnicity/Race Group ① Black/African American ○ Hispanic ○ Asian ○ Native American ○ Other	Employment Status © Employed Full Time © Employed Part Time © Self Employed Full Time © Self Employed Part Time Unemployed



Last Name Martin	First Name Fulton	
Company Name Jus Q'n Catering and More	Type of Business Catering	
Street 8203 Westbank Ave.	City Houston	
State TX	Zip Code 77064	
Office Number 832-646-9450	Fax Number	
Mobile Number 832-646-9450	Date 8/25/16	
E-mail fultonm742@gmail.com	Web Site	

 Stage of Business Thinking of Starting a Business In Process of Starting or Acquiring a Business Currently own a business in operation for less than 1 year Currently own a business in operation for 1 to 5 years Currently own a business in operation for more than 5 years 	Form of Business Sole Proprietorship Using Own Name Filed D.B.A. Partnership Corporation Regular S-Corporation LLC Non Profit Unknown at this time	Type of Business O Retail O Service O Wholesale, Distribution O Manufacturing O Construction O Finance, Insurance, Real Estate O Unknown at this time
MWBE Certification Status ○ Certified ○ Application in Process ○ Certification Denied ⊙ Have Not Applied ○ Not Eligible	Business Facility ⊙ Home Based ○ Own Outside Facility ○ Rent Outside Facility ○ Unknown at this time	Useable Business Plan ○ Yes ⊙ No ○ Partial, Needs Work
Income generated by Business Main Source of Income Supplementary Income Unknown at this time Gross Income Generated by Business (for existing firms only) \$		Number of employees (excluding yourself) Full time_1 Part time
Gender ○ Female ○ Male DOB: 11 / 12 / 68	Ethnicity/Race Group Black/African American Hispanic Asian Native American Other	Employment Status O Employed Full Time O Employed Part Time O Self Employed Full Time O Self Employed Part Time O Unemployed

Client Signature: FULTON MARTIN