

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005977

1. Entity Name

EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, IN

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90050 016 ****61.25

Principal Place of Business

7320 NW 85 CT
BUILDING #8263
TAMARAC FL 33321
US

Mailing Address

7320 NW 85 CT
BUILDING #8263
TAMARAC FL 33321-5044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0759758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JANET Y
7320 NW 85 CT BLDG 8203
TAMARAC FL 33321

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME ANDERSON, JANET
STREET ADDRESS 7320 NW 85 CT BLDH 8203
CITY-ST-ZIP TAMARAC FL 33321

TITLE AVP
NAME BLOOMENT, JEROME
STREET ADDRESS 7320 NW 85 CT Bldg 8203
CITY-ST-ZIP TAMARAC FL 33321

TITLE DVP
NAME BERN, BARBARA
STREET ADDRESS 701 NW 18TH AVE, BLDG B
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D
NAME BAKER, RICHARD
STREET ADDRESS 7320 NW 85 CT Bldg 8203
CITY-ST-ZIP TAMARAC FL 33321

TITLE D
NAME ANDERSON, IAN ANTHONY
STREET ADDRESS 7320 NW 85TH CT, BLDG 8
CITY-ST-ZIP FT LAUDERDALE FL 33321

TITLE Ruppenthal, Sandy
NAME
STREET ADDRESS 4847 NW 96 AVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Anderson* CEO 4/13/2000 954 722-3960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)