

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

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

DOCUMENT # N95000005977

1. Entity Name

EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, IN

Principal Place of Business

Mailing Address

7320 NW 85 CT
 BUILDING #8263
 TAMARAC FL 33321
 US

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

TITLE: Change Addition
 NAME: **DR. JEROME BLOOMENT**
 STREET ADDRESS: **7320 NW 85 CT Bld 8203**
 CITY-ST-ZIP: **TAMARAC FL 33321**

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

TITLE: Change Addition
 NAME: **D Baker Richard**
 STREET ADDRESS: **7320 NW 85 CT Bldg 8203**
 CITY-ST-ZIP: **TAMARAC FL 33321**

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

TITLE: Change Addition
 NAME: **Reppenthal Sandy**
 STREET ADDRESS: **4847 NW 96 AVE**
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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

SIGNATURE: Janet Anderson **CEO** Date: **4/13/2000** Daytime Phone #: **954 722-3960**

CR2E037 (9/99)