

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-02-2001 90212 046 ****61.25

.2001 UNIFORM BUSINESS REPORT (UBR)

10533



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000005977

1. Entity Name
EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, IN

Principal Place of Business Mailing Address
7320 NW 85 CT **7320 NW 85 CT**
BUILDING #8263 **BUILDING #8263**
TAMARAC FL 33321 **TAMARAC FL 33321**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0759758** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDERSON, JANET Y
7320 NW 85 CT BLDG 8203
TAMARAC FL 33321

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JANET 7320 NW 85 CT BLDG 8203 TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERN, BARBARA 701 NW 18TH AVE. BLDG 8 FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, IAN ANTHONY 7320 NW 85TH CT, BLDG 8 FT LAUDERDALE FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BLOOMING, JEROME 7320 NW 85 CT BLD 8203 TAMARAC FL 33321	TITLE AVP NAME Phillip Gordon STREET ADDRESS 11950 NW 4th Ct, CITY-ST-ZIP Plantation 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RICHARD 7320 NW 85 CT BLDG 8203 TAMARAC FL 33321	TITLE D NAME Sharon Potts STREET ADDRESS 11950 NW 4th Ct CITY-ST-ZIP Plantation 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPENTHAL, SANDY 4847 NW 98 AVE SUNRISE FL 33351	TITLE D NAME Jane Mannet STREET ADDRESS 7320 NW 85CT CITY-ST-ZIP Tamarac FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* Date: **08/20/2001** Daytime Phone #: **954 722 3760**

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CR2007 (10/00)