

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90034 015 ****61.25

DOCUMENT # N95000005977

1. Entity Name

EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, IN C.

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
 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	<input type="checkbox"/> Delete
NAME	ANDERSON, JANET	
STREET ADDRESS	7320 NW 85 CT BLDH 8203	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BERN, BARBARA	
STREET ADDRESS	701 NW 18TH AVE, BLDG B	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, IAN ANTHONY	
STREET ADDRESS	7320 NW 85TH CT, BLDG 8	
CITY-ST-ZIP	FT LAUDERDALE FL 33321	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GORDON, PHILLIP	
STREET ADDRESS	11950 NW 4TH COURT	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, SHARON	
STREET ADDRESS	11950 NW 4TH COURT	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNET, JANE	
STREET ADDRESS	7320 NW 85 COURT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* Director **4/18/02 954 722 3960**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)