

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004218**

1. Entity Name

JANSHEE EDUCATIONAL SERVICES, INC.

Principal Place of Business

**1962 N.W. 104TH STREET
MIAMI FL 33147**

Mailing Address

**P.O. BOX 680353
MIAMI FL 33168-0353**

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

65-0724543

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY-SMITH, SADIE MAE
1962 N.W. 104TH STREET
MIAMI FL 33147**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, ROBERT	
STREET ADDRESS	18000 N.W. 6TH CT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARMON, MADERID	
STREET ADDRESS	4235 N.W. 168 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERGUSON, MYRA	
STREET ADDRESS	4376 32ND AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERGUSON, MILDRED	
STREET ADDRESS	415 N.W. 87TH ST	
CITY-ST-ZIP	MAIMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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:

Sadie Mae Murray-Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Sadie Mae Murray-Smith****1/31/2000**

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90019 010 ****70.00



DO NOT WRITE IN THIS SPACE