

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90087 014 \*\*\*\*61.25

**DOCUMENT # N97000004218**

1. Entity Name

**JANSHEE EDUCATIONAL SEVICES, INC.**

Principal Place of Business

Mailing Address

1962 N.W. 104TH STREET  
 MIAMI FL 33147

P.O. BOX 680353  
 MIAMI FL 33168

38650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0724543

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

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ROBERT	
STREET ADDRESS	18000 N.W. 6TH CT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	Sec Secretary	<input type="checkbox"/> Delete
NAME	GARMON, MADERID -T	
STREET ADDRESS	4235 N.W. 188 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	Sec Chair	<input type="checkbox"/> Delete
NAME	FERGUSON, MYRA -T	
STREET ADDRESS	4378 32ND AVE	
CITY-ST-ZIP	VERO BEACH FL 32987	
TITLE	X Parliamentarian	<input type="checkbox"/> Delete
NAME	FERGUSON, MILDRED -T	
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		

TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl S. Smith -T	
STREET ADDRESS	5540 Autumn Chase Dr	
CITY-ST-ZIP	Columbus, Ohio 43232	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sadie Mae Murray-Smith* Sadie Mae Murray-Smith 1/8/02 305-835-6256

CR2E037 (9/01)