

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90464 015 ****61.25

DOCUMENT # N97000004218

1. Entity Name

JANSHEE EDUCATIONAL SEVICES, INC.



Principal Place of Business

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

Mailing Address

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

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	VCT	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL J	
STREET ADDRESS	18000 N.W. 6TH CT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARMON, MADERID	
STREET ADDRESS	4235 N.W. 168 TERR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	CT	<input type="checkbox"/> Delete
NAME	FERGUSON, MYRA	
STREET ADDRESS	4376 32ND AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FERGUSON, MILDRED	
STREET ADDRESS	415 N.W. 87TH ST	
CITY-ST-ZIP	MIAMI 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		
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: *Sadie M. Smith* **Sadie M. Smith**

2/27/03 **2/27/03** *305 935 6256* **305 935 6256**

CR2E037 (10/02)