

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90212 043 ***150.00

0264970

DOCUMENT # S05813

1. Entity Name

EL JANEZ INSTITUTE OF CORAL SPRINGS INC.

Principal Place of Business

Mailing Address

7320 NW 85 CT
 BUILDING #8203
 TAMARAC FL 33321
 US

7320 NW 85 CT
 BUILDING #8203
 TAMARAC FL 33321
 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 **65-0234114**

Applied For
 Not Applicable

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

ALLEN, ERIC R.
633 NE 167 ST
SUITE 701
N MIAMI BEACH FL 33162

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D
KELLIER, LEDGER
 STREET ADDRESS **5906 PEMBROKE ROAD**
 CITY-ST-ZIP **WEST HOLLYWOOD FL**

TITLE NAME ☐ Change ☒ Addition
Sharon Potts
 STREET ADDRESS **11950 NW 4th Ct**
 CITY-ST-ZIP **Plantation**

TITLE NAME ☐ Delete
D
ALLEN, ERIC R.
 STREET ADDRESS **17070 COLLINS AVE #206**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
D
DOUGLAS, PAULINE
 STREET ADDRESS **4042 NW 101 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
DP
ANDERSON, JANET
 STREET ADDRESS **7320 N.W. 85 CT., BLDG 8203**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
D
ALLEN, PAM G.
 STREET ADDRESS **1768 N.W. 112TH TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
VP
BAKER, RICHARD
 STREET ADDRESS **7320 NW 85 CT. BLDG. 8203**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE NAME ☐ Change ☒ Addition
Phillip Gordon
 STREET ADDRESS **11950 NW 4th Court**
 CITY-ST-ZIP **Plantation 33325**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)