

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91503 003 \*\*\*150.00

0363511 AV

**DOCUMENT # S05813**

1. Entity Name  
**EL JANEZ INSTITUTE OF CORAL SPRINGS INC.**



Principal Place of Business  
**7320 NW 85 CT  
BUILDING #8203  
TAMARAC FL 33321  
US**

Mailing Address  
**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

4. FEI Number **65-0234114**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEWLER, LEDGER</b>	
STREET ADDRESS	<b>5906 PEMBROKE ROAD</b>	
CITY-ST-ZIP	<b>WEST HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, ERIC R.</b>	
STREET ADDRESS	<b>17070 COLLINS AVE #206</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, PAULINE</b>	
STREET ADDRESS	<b>4042 NW 101 DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, JANET</b>	
STREET ADDRESS	<b>7320 N.W. 85 CT., BLDG 8203</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, PAM G.</b>	
STREET ADDRESS	<b>1768 N.W. 112TH TERRACE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, PHILLIP</b>	
STREET ADDRESS	<b>119508 4TH COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33325</b>	

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	
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** **954 720 0952**  
Date Daytime Phone #

CR2E034 (10/02)