

DOCUMENT # P00000068368

1. Entity Name

J.C. RELOCATION SYSTEM, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90100 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 15550 SW 157TH ST. MIAMI FL 33187
Mailing Address: 15550 SW 157TH ST. MIAMI FL 33187

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 65-1024635
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CHANYING, JULIO, 15550 SW 157TH ST. MIAMI FL 33187

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PTD and SVD CHANYING, JULIO.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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...

SIGNATURE: [Signature] JULIO CHANYING 1/9/01 (305) 970-2061
Date Daytime Phone #

CR2E034 (10/00)