

**DOCUMENT # P96000044079**

1. Entity Name

**RELATED SERVICES, INC.**

05-19-2000 90180 045 \*\*\*158.75

Principal Place of Business	Mailing Address
2 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131-	POST OFFICE BOX 111351 MIAMI FL 33111-1351

2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME	
City & State SAME		City & State SAME	
Zip SAME	Country SAME	Zip SAME	Country SAME



4. FEI Number	65-0672962	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
URIBE, M 200 BISCAYNE BOULEVARD WAY SUITE 9-C, DUPONT PLAZA CENTER MIAMI FL 33131	Name SAME	
	Street Address (P.O. Box Number is Not Acceptable) SAME	
	City SAME	
	City SAME	Zip Code FL SAME

SIGNATURE 1-1/18  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>URIBE, M.</b> <b>2 SOUTH BISCAYNE BOULEVARD</b> <b>MIAMI FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #