

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035959

1. Entity Name  
J.G. BILLING SYSTEMS, INC.

Principal Place of Business

1782 CORAL WAY  
MIAMI FL 33145

Mailing Address

1782 CORAL WAY  
MIAMI FL 33145

2. Principal Place of Business

1800 SW 1ST

3. Mailing Address

1800 SW 1ST

Suite, Apt. #, etc.  
#208

Suite, Apt. #, etc.  
#208

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0250810

Applied For

Not Applicable

Zip  
33135

Country  
USA

Zip  
33135

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANERA, EDUARDO ESQ.  
1782 CORAL WAY  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name - GUZMAN ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

1800 SW 1ST #208

C/O JOSEPHINE GUZMAN

City MIAMI

FL

Zip Code 33135

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 reappointing)

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

|                                                    |                                                               |                                 |
|----------------------------------------------------|---------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CANERA, JOSEPHINE G<br>1782 CORAL WAY<br>MIAMI FL 33145 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>MORALES, JOANNE<br>1782 CORAL WAY<br>MIAMI FL 33145    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                    |                                                             |                                                                              |
|----------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | JOSEPHINE GUZMAN (PD)<br>1800 SW 1ST #208<br>MIAMI FL 33135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | JOANNE MORALES (VPD)<br>1800 SW 1ST #208<br>MIAMI FL 33135  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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; 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPHINE G. CANERA

Daytime Phone #

FILED  
May 30, 2001 8:00 am  
Secretary of State

05-02-2001 90190 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)