

F12000001011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

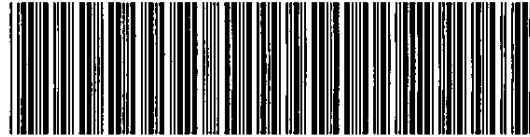
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
GENERAL REGISTRAR  
DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NEW TIMES CAPITAL CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEKSANDR USKACH

Name of Person

NEW TIMES CAPITAL CORP.

Firm/Company

1219 GRAVESEND NECK ROAD, 2nd Floor

Address

Brooklyn, NY 11229

City/State and Zip code

auskach@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleksandr Uskach

Name of Person

at ( 718 ) 998-2999

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. NEW TIMES CAPITAL CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 20-2173302

(FEI number, if applicable)

4. 01/10/2005

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1219 GRAVESEND NECK ROAD, 2nd Fl, BROOKLYN, NY 11229

(Principal office address)

1219 GRAVESEND NECK ROAD, 2nd Fl, BROOKLYN, NY 11229

(Current mailing address)

8. any lawful purpose

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Vcorp Services LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314

(City)

(Zip code)

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DIVISION OF CORPORATIONS

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Aleksandr Uskach

Address: 18 Irene Lane, Staten Island, NY 10307

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Aleksandr Uskach

Address: 18 Irene Lane, Staten Island, NY 10307

Vice President: Aleksandr Uskach

Address: 18 Irene Lane, Staten Island, NY 10307

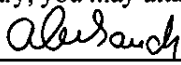
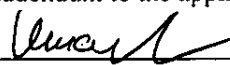
Secretary: Aleksandr Uskach

Address: 18 Irene Lane, Staten Island, NY 10307

Treasurer: Aleksandr Uskach

Address: 18 Irene Lane, Staten Island, NY 10307

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.    
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. President

(Typed or printed name and capacity of person signing application)

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SECRETARY'S OFFICE  
DEPARTMENT OF STATE