

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000035280**1. Entity Name
VIRTUAL CAPITAL GROUP.COM, INC.

Principal Place of Business

10201 HAMMOCKS BOULEVARD
#53, PMB 464
MIAMI
33196

FL

Mailing Address

10201 HAMMOCKS BOULEVARD
#53, PMB 464
MIAMI
33196

FL

2. Principal Place of Business

PMB 464, 10201 HAMMOCKS BOULEVARD

3. Mailing Address

PMB 464, 10201 HAMMOCKS BOULEVARD

Suite, Apt. #, etc.

#153

Suite, Apt. #, etc.

#153

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33196

Country

37

Zip

33196

Country

37

4. FEI Number

65-1020353

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMANO JOHN K
10201 HAMMOCKS BOULEVARD
#53, PMB 464
MIAMI
33196

FL

7. Name and Address of New Registered Agent

Name

ROMANO JOHN K

Street Address (P.O. Box Number is Not Acceptable)
PMB 464, 10201 HAMMOCKS BOULEVARD

#153

City

MIAMI

FL

Zip Code
33196

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)

04/18/2001

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 PSTD ☐ Delete
NAME ROMANO JOHN K
STREET ADDRESS 10201 HAMMOCKS BOULEVARD #53, PMB 464
CITY-ST-ZIP MIAMI FL 33196TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME ROMANO JOHN K
STREET ADDRESS 10201 HAMMOCKS BOULEVARD #153, PMB 464
CITY-ST-ZIP MIAMI FL 33196TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: John k. Romano

Pres

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)