

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 04, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000011678**

1. Entity Name  
 D.C. CAPITAL GROUP, INC.

Principal Place of Business 2700 NORTH 29TH AVE. SUITE 305 HOLLYWOOD 33020	FL	Mailing Address 2700 NORTH 29TH AVE. SUITE 305 HOLLYWOOD 33020	FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number  
**65-0642111**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**6. Name and Address of Current Registered Agent**

ZEMSKY DOUGLAS B  
 2700 NORTH 29TH AVE.  
 SUITE 305  
 HOLLYWOOD FL  
 33020

**7. Name and Address of New Registered Agent**

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

**08/04/2000**

(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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	MR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEMSKY DOUGLAS B			NAME	ZEMSKY DOUGLAS B		
STREET ADDRESS	2700 NORTH 29TH AVE., STE. 305			STREET ADDRESS	2700 NORTH 29TH AVE., STE. 305		
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP	HOLLYWOOD FL 33020		
TITLE	D	<input type="checkbox"/> Delete		TITLE	MR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEMSKY DOUG			NAME	ZEMSKY DOUG		
STREET ADDRESS	600 CORPORATE DRIVE SUITE 100			STREET ADDRESS	600 CORPORATE DRIVE SUITE 100		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			CITY-ST-ZIP	FT. LAUDERDALE FL 33334		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Douglas Zemsky

DATE: 08/04/2000