2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 04, 2000 08:00 AM DOCUMENT # P96000011678 1. Entity Name **Secretary of State** D.C. CAPITAL GROUP, INC. Principal Place of Business Mailing Address 2700 NORTH 29TH AVE. 2700 NORTH 29TH AVE. SUITE 305 SUITE 305 HOLLYWOOD HOLLYWOOD FL FL 33020 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0642111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEMSKY 2700 NORTH 29TH AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 305 HOLLYWOOD 33020 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. 08/04/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TILE MR X Change ☐ Addition ZEMSKY DOUGLAS NAME ZEMSKY DOUGLAS STREET ADDRESS 2700 NORTH 29TH AVE., STE. 305 STREET ADDRESS 2700 NORTH 29TH AVE., STE. 305 CITY-ST-ZIP HOLLYWOOD 33020 CITY-ST-ZIP HOLLYWOOD \mathbf{FL} 33020 TITLE ☐ Delete TITLE X Change ☐ Addition NAME DOLIG NAME ZEMSKY ZEMSKV DOUG STREET ADDRESS 600 CORPORATE DRIVE SUITE 100 STREET ACCRESS 600 CORPORATE DRIVE SUITE 100 CITY-ST-ZIF CITY-ST-ZIP FT. LAIDERDALE FI. 33334 FT. LAUDERDALE FT. 33334 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7/8

STREET ADDRESS

CITY-ST-7IP