## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P98000063000 1. Entity Name NETWORK CAPITAL GROUP, INC. 03-20-2001 90056 013 \*\*\*150.00 Mailing Address Principal Place of Business 2500 WESTON ROAD., SUITE 105 2500 WESTON ROAD.. SUITE 105 WESTON FL 33331 WESTON FL 33331 817688 US HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0853183 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEFELER, GEORGE ESQ Street Address (P.O. Box Number is Not Acceptable) 80 SOUTHWEST 8TH STREET., SUITE 3100 **MIAMI FL 33130** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PSD TITLE TITLE ☐ Delete NAME BRICENO, DOUGLAS NAME STREET ADDRESS 2500 WESTON ROAD., SUITE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Addition ☐ Change X Delete TITLE TITLE BROWN, CHERYL NAME NAME STREET ADDRESS 1525 N PARK DR STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P WESTON FL 33326 **X** Delete TITLE ---KOSNOFF, MELVIN NAME STREET ADDRESS STREET ADDRESS 2500 WESTON ROAD., SUITE 105 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Change ☐ Addition **X** Delete TITLE vptd TITLE NAMÉ MACHADO, JESUS NAME STREET ADDRESS STREET ADDRESS 2500 WESTON ROAD., SUITE 105 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR