

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90166 001 ***300.00

DOCUMENT # **-581883**

1. Entity Name
NEW CAPITAL RESOURCES Corp.

Principal Place of Business Mailing Address **same**
1623 Collins Ave #909
Miami Beach, FL 33139 U.S.

2. Principal Place of Business **same**
 Suite, Apt. #, etc.
 City & State

3. Mailing Address **1623 Collins Ave**
 Suite, Apt. #, etc. **# 909**
 City & State **Miami Beach FL**
 Zip **33139** Country **U.S.**

4. FEI Number **65-0294611** Applied For
 Not Applicable

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

7452

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dominguez, Virginia
1623 Collins Ave #909
Miami Beach, FL 33139 US

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 _____ (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

TITLE NAME	P. Dominguez, VIRGINIA <input type="checkbox"/> Delete	} a m e
STREET ADDRESS CITY-ST-ZIP	V.P. Dominguez, Luis	
TITLE NAME	1623 Collins Ave <input type="checkbox"/> Delete	
STREET ADDRESS CITY-ST-ZIP	#909 Miami Beach FL -33139	
TITLE NAME	<input type="checkbox"/> Delete	
TITLE NAME	<input type="checkbox"/> Delete	
TITLE NAME	<input type="checkbox"/> Delete	
TITLE NAME	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Virginia Dominguez** **4-05-00** **(305) 534-9090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)