

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # S81883**

1. Entity Name  
**NEW CAPITAL RESOURCES CORP.**

Principal Place of Business <b>1623 COLLINS AVE 909 MIAMI FL 33139 US</b>	Mailing Address <b>1623 COLLINS AVE 909 MIAMI FL 33139 US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip	Country	Zip	Country
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**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
04-02-2001 90432 001 \*\*\*300.00

**67300**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0294611</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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

**DOMINGUEZ, VIRGINIA  
1623 COLLINS AVE., #909  
MIAMI FL 33139**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> NAME: <b>DOMINGUEZ, VIRGINIA</b> STREET ADDRESS: <b>1623 COLLINS AVE 909</b> CITY-ST-ZIP: <b>MIAMI FL 33139</b>	<input type="checkbox"/>		
<b>VP</b> NAME: <b>DOMINGUEZ, LUIS</b> STREET ADDRESS: <b>1623 COLLINS AVE 909</b> CITY-ST-ZIP: <b>MIAMI FL 33139</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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      Date: March 25/2001      Daytime Phone #: 305 534-9090

0170654

CR2E034 (10/00)