

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004860

1. Entity Name

WEDGEVAL MASTER ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90359 020 ****61.25

Principal Place of Business 11033 W. BROWARD BLVD. PLANTATION FL 33324	Mailing Address 11033 W. BROWARD BLVD. PLANTATION FL 33324-1503
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0448228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEMSLEY, MICHAEL
 11033 W. BROWARD BLVD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
RIOS, RAMON
 Street Address (P.O. Box Number is Not Acceptable)
11033 W. BROWARD BLVD.
 City
PLANTATION FL Zip Code
33324

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]* (NOTE: Registered Agent signature required when reinstating) DATE 4-28-00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, RAYMOND	
STREET ADDRESS	11021 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KROHN, BARRY	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEMSLEY, MICHAEL	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUARDINO, SHERRI	
STREET ADDRESS	11029 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARTMAN, SUSAN	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DRUCKER, PHYLLIS	
STREET ADDRESS	11033 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, RAMON	
STREET ADDRESS	11021 W. BROWARD BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, BASIL	
STREET ADDRESS	11051 NW 1st street	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SUSAN B. HARTMAN** 4-28-00 954-713-1332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)