

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N930000004860

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

Mailing Address

11033 W. BROWARD BLVD.  
PLANTATION FL 33324

11033 W. BROWARD BLVD.  
PLANTATION FL 33324-1503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0448228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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, typed or printed name of registered agent and title if applicable

(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** ☐ Delete  
NAME **RIOS, RAYMOND**  
STREET ADDRESS **11021 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DVP** ☒ Delete  
NAME **KROHN, BARRY**  
STREET ADDRESS **11033 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** ☒ Delete  
NAME **HEMSLEY, MICHAEL**  
STREET ADDRESS **11033 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete  
NAME **GUARDINO, SHERRI**  
STREET ADDRESS **11029 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DT** ☐ Delete  
NAME **HARTMAN, SUSAN**  
STREET ADDRESS **11033 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DS** ☐ 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** ☒ Change ☐ Addition  
NAME **RIOS, RAMON**  
STREET ADDRESS **11021 W. BROWARD BLVD.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Change ☒ Addition  
NAME **FOX, BASIL**  
STREET ADDRESS **11051 NW 1st Street**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **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)