2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300004860

WEDGEVAL MASTER ASSOCIATION, INC.

1. Entity Name

SIGNATURE:

Principal Place of Business Mailing Address 11033 W. BROWARD BLVD. 11033 W. BROWARD BLVD. PLANTATION FL 33324 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0448228 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD Street Address (P.O. Box Number is Not Acceptable) RIOS, RAMON 11033 W. BROWARD BLVD. PLANTATION FL 33324 Plantation 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. 9-3-2001 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ~/0 TITLE Change Addition TITLE Delete DRUCKER Howard RIOS, RAYMOND NAME NAME nw 1st STREET ADDRESS 11021 W. BROWARD BLVD. STREET ADDRESS 11040 Plantation **PLANTATION FL 33324** CITY-ST-ZIP CITY-ST-ZIP FL 33324 Change Addition TITLE Delete TITLE Fux, BasiL 11051, My 1st FOX, BASIL NAME NAME Street 11051 NW 1ST ST STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** CITY-ST-70P CITY-ST-ZIP Plantation Delete -TITLE-TITLE Addition Kreese, Carol GUARDINO, SHERRI NAME NAME 11029 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP Plantation X Change Addition TITLE 1⊠ Delete TITLE HARTMAN, SUSAN NAME NAME 110th Are 90 NW 11033 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Delete TITLE Addition ☐ Change TITLE NAME DRUCKER, PHYLLIS NAME 11033 W. BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP **PLANTATION FL 33324** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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FILED

Sep 10, 2001 8:00 am Secretary of State

09-10-2001 90053 039 ****61.25

(954)916-8568