

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002198

1. Entity Name
WSG/NORTH FEDERAL, LTD.

FILED
00 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1500 San Remo Ave, Ste. 185, Coral Gables, Florida 33146
Mailing Address: 1500 San Remo Ave, Ste. 185, Coral Gables, FL. 33146

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: 65-0968515
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

7. Name and Address of New Registered Agent

WSG Federal, Inc.
1500 San Remo Ave. Suite 185
Coral Gables, FL. 33146

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. Capital Contributions as Shown on record: 1,450,000.00 10. Amount of Capital Contributions in FLORIDA to date: _____ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A9900002198	STREET ADDRESS	
NAME	WSG Federal, Inc.	CITY-ST-ZIP	
STREET ADDRESS	1500 San Remo Ave, Ste 185		
CITY-ST-ZIP	Coral Gables, FL. 33146		
DOCUMENT #		STREET ADDRESS	900003292339--4
NAME		CITY-ST-ZIP	-06/15/00-01123-006
STREET ADDRESS			****535.00 ****535.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  (Eric D. Shappert, Gen. President)
Date: 5/1/00 Daytime Phone #: 305-665-3706

CR2E003 (9/99)