

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002198**

1. Entity Name

WSG/NORTH FEDERAL, LTD.

FILED

01 MAY 23 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Must

2. Principal Place of Business

400 Arthur Godfrey Road

Suite, Apt. #, etc.

#506

City & State

Miami Beach Florida

Zip

33140

Country

USA

3. Mailing Address

400 Arthur Godfrey Road

Suite, Apt. #, etc.

#506

City & State

Miami Beach Florida

Zip

33140

Country

USA

4. FEI Number

65-0968515

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WSG/FEDERAL, INC.

1500 SAN REMO AVENUE, SUITE 185

CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

DOCUMENT # P99000109972
NAME WSG/FEDERAL, INC.
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 185
CITY-ST-ZIP CORAL GABLES FL 33146

13. ADDRESS CHANGES ONLY

STREET ADDRESS 400 Arthur Godfrey Road, Suite 506
CITY-ST-ZIP Miami Beach Florida 33140

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
700004421087--3
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****526.25 ****526.25

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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:

Shawn D. Shappert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Shawn D. Shappert, President

2/1/01

Date

305-673-3707

Daytime Phone #

CR2E003 (11/00)