

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004923 AF

DOCUMENT # B00000000199

1. Entity Name

WSG MIAMI BEACH LP

FILED

Principal Place of Business

1500 SAN REMO AVENUE, SUITE 185  
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVENUE, SUITE 185  
CORAL GABLES FL 33146

APR 23 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Arthur Godfrey Road

Suite, Apt. #, etc.

#506

3. Mailing Address

400 Arthur Godfrey Road

Suite, Apt. #, etc.

#506

City & State

Miami Beach Florida

City & State

Miami Beach Florida

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-1017323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

\$2,000.00

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 # M00000001273  
NAME WSG MIAMI BEACH LLC  
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  
CITY-ST-ZIP Miami Beach Florida 33140

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 2/10/01

305-673-2707  
Daytime Phone #

CR2E003 (11/00)