

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90208 040 \*\*\*\*50.00

**DOCUMENT # L01000000656**

1. Entity Name

**WSG MANAGEMENT CO., LLC**

Principal Place of Business

**400 ARTHUR GODFREY ROAD  
 SUITE 506  
 MIAMI BEACH FL 33140**

Mailing Address

**400 ARTHUR GODFREY ROAD  
 SUITE 506  
 MIAMI BEACH FL 33140**

**961006**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite # 200**

Suite, Apt. #, etc.

**Suite # 200**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3487261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAMONT & NEIMAN, P.A.  
 ONE BISCAYNE TOWER 3550  
 TWO SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME **Manager Eric** ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME **MGR Sheppard, Eric D** ☐ Change ☒ Addition  
 STREET ADDRESS **400 Arthur Godfrey Rd**  
 CITY-ST-ZIP **Miami Beach, FL - 33140**

TITLE NAME **MGR Wolman, Philip** ☐ Change ☒ Addition  
 STREET ADDRESS **400 Arthur Godfrey Road**  
 CITY-ST-ZIP **Miami Beach, FL - 33140**

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

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

CR2E083 (9/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Eric D. Sheppard 3/15/02**

**305-673-3707**