

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003012

1. Entity Name
WGWD, LLC

Principal Place of Business

6710 MAIN STREET, SUITE 233
C/O BAYSHORE LAND GROUP, INC.
MIAMI LAKES FL 33014

Mailing Address

6710 MAIN STREET, SUITE 233
C/O BAYSHORE LAND GROUP, INC.
MIAMI LAKES FL 33014

2. Principal Place of Business

255 Alhambra Circle

Suite, Apt. #, etc.
Suite 325

City & State
Coral Gables, FL

Zip
33134

Country
USA

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.
Suite 325

City & State
Coral Gables, FL

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0804396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J
6710 MAIN STREET, SUITE 233
C/O BAYSHORE LAND GROUP, INC.
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

255 Alhambra Circle, Suite 325

City Coral Gables

FL

Zip Code 33134

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

Christopher J. MacNair Christopher J. MacNair, V.P., Bayshore Land Group Inc. 4/30/02
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Bayshore Land Group, Inc. 255 Alhambra Circle Suite 325 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Christopher J. MacNair Christopher J. MacNair, V.P., Bayshore Land Group Inc. 4/30/02 305-445-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)