

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009078

1. Entity Name
WSG/FEDERAL LLC

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0968514

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SHEPHERD, ERIC ☐ Delete
STREET ADDRESS 1500 SAY REMO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33416

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 ☒ Change ☐ Addition
STREET ADDRESS 400 Arthur Godfrey Road #506
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004134502--4
CITY-ST-ZIP -05/03/01--01122--018
*****55.00 *****55.00

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

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

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

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

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

Date

Daytime Phone #

2/1/01

305-673-3707

CR2E083 (11/00)