

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096324

1. Entity Name

WEDGE PROPERTIES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90290 014 \*\*\*150.00

Principal Place of Business	Mailing Address
555 S. FEDERAL HWY. 350 BOCA RATON FL 33432 US	555 S. FEDERAL HWY. 350 BOCA RATON FL 33433-3487 US

2. Principal Place of Business	3. Mailing Address
7251 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 201 City & State Boca Raton, FL Zip 33433 Country US	7251 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 201 City & State Boca Raton, FL Zip 33433 Country US

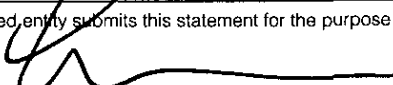


DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0633237	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, FREDRIC D 555 S FEDERAL HWY STE 350 BOCA RATON FL 33432	Name Newman, Fredric D. Street Address (P.O. Box Number is Not Acceptable) 7251 W. Palmetto Park Rd. Suite 201 City Boca Raton FL Zip Code 33433

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.

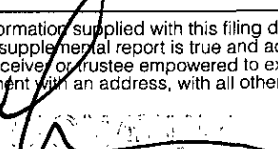
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE 4/26/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP NEWMAN, FREDRIC D 555 S. FEDERAL HWY. STE. 350 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP Newman, Fredric D. 7251 W. Palmetto Park Rd., Ste 201 Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/00 DAYTIME PHONE # (561) 394-5700

CR2E034 (9/99)