2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900055394 1. Entity Name

WSG WEST COLONIAL G.P. INC.

Principal Place of Business

Mailing Address

1500 SAN REMO AVE. SUITE 185 CORAL GABLES FL 33146 1500 SAN REMO AVE. SUITE 185 CORAL GABLES FL 33146

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable 65-0938344 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME WOLMAN, PHILLIP NAME STREET ADDRESS STREET ADDRESS 1500 SAN REMO AVE, SUITE 185 CITY-ST-ZIF CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete ☐ Change Addition DD F TITLE Eric D. Shappard NAME NAME STREET ADDRESS STREET ADDRESS 1500 san Remo Ave, Suite 185 CITY-ST-7IF CITY-ST-7IP coral Gobles, 51. 33/46 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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Delete

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9/2/00

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M Addition

Addition

Addition

FILED

Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90057 044 ***558.75

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