

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101291

1. Entity Name

WSG DEERBROOK GP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90228 049 ***158.75

Principal Place of Business

1500 SAN REMO AVE., STE. 185
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVE., STE. 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

65-0961548

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLMAN, PHILIP	
STREET ADDRESS	1500 SAN REMO AVE STE 185	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, ERIC	
STREET ADDRESS	1500 SAN REMO AVE STE 185	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 Arthur Godfrey Road #506	
CITY-ST-ZIP	Miami Beach, Florida 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 Arthur Godfrey Road #506	
CITY-ST-ZIP	Miami Beach, Florida 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)