

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90228 048 \*\*\*158.75

**DOCUMENT # P99000109972**

1. Entity Name

**WSG/FEDERAL, INC.**

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*

3. Mailing Address

*400 Arthur Godfrey Road*

Suite, Apt. #, etc.

*# 506*

Suite, Apt. #, etc.

*# 506*

City & State

*Miami Beach Florida*

City & State

*Miami Beach Florida*

Zip

*33140*

Country

*USA*

Zip

*33140*

Country

*USA*

4. FEI Number

**65-0968513**

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	PTD	<input type="checkbox"/> Delete
NAME	WOLMAN, PHILLIP	
STREET ADDRESS	1500 SAN REMO AVE STE 185	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	SNAPPARD, ERIC D	
STREET ADDRESS	1500 SAN REMO AVE STE 195	
CITY-ST-ZIP	CORAL GABLES 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		
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	<i>400 Arthur Godfrey Road #506</i>	
CITY-ST-ZIP	<i>Miami Beach Florida 33140</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sheppard, Eric</i>	
STREET ADDRESS	<i>400 Arthur Godfrey Road #506</i>	
CITY-ST-ZIP	<i>Miami Beach Florida 33140</i>	
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		
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

*Eric D. Sheppard*

*2/1/01*

Date

*305-673-3207*

Daytime Phone #

CR2E034 (10/00)