

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90069 037 \*\*\*150.00

**965412**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **LD10000012027** ✓

1. Entity Name  
**Wall Street Capital Funding, LLC**

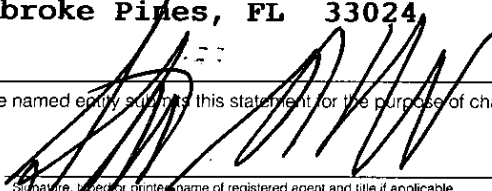
Principal Place of Business Mailing Address  
**2162 Quail Roost Dr. 2162 Quail Roost Dr.**  
**Weston, FL 33327 Weston, FL 33327**

2. Principal Place of Business 3. Mailing Address  
**2162 Quail Roost Dr. 2162 Quail Roost Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Weston, FL Weston, FL**  
 Zip Country Zip Country  
**33327 USA 33327 USA**

4. FEI Number Applied For  
**65-1136918** Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**Stephen R. Verbit** Name  
**235 N. University Dr.** Street Address (P.O. Box Number is Not Acceptable)  
**Pembroke Pines, FL 33024** 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  DATE **4-22-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roy Campbell</b>		NAME		
STREET ADDRESS	<b>2162 Quail Roost Dr.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Weston, FL 33327</b>		CITY-ST-ZIP		
TITLE	Member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Philip Cardwell</b>		NAME		
STREET ADDRESS	<b>1706 Summit Place</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Birmingham, AL 35243</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **4/22/02 305-450**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **4708**

CR2E034 (11/00)