

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 032 \*\*\*\*50.00

**DOCUMENT # L01000012027**

1. Entity Name

**WALL STREET CAPITAL FUNDING LLC**



Principal Place of Business

Mailing Address

2162 QUAIL ROOST DR.  
WESTON FL 33327

2162 QUAIL ROOST DR.  
WESTON FL 33327

2. Principal Place of Business

*Changing to ↓*  
**169 E Flagler St**

3. Mailing Address

**169 E Flagler St.**

Suite, Apt. #, etc.

**Ste 1435**

Suite, Apt. #, etc.

**Ste 1435**

City & State

**Miami**

City & State

**Miami**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

6. Name and Address of Current Registered Agent

**VERBIT, STEPHEN R**  
**235 NORTH UNIVERSITY DRIVE**  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **Roy Campbell**  
Street Address (P.O. Box Number is Not Acceptable)

**169 E Flagler St. Ste. 1435**  
City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/16/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAMPBELL, ROY 2162 QUAIL ROOST DR. WESTON FL 33327</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARDWELL, PHILIP 1706 SUMMIT PLACE BIRMINGHAM AL 35243</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Campbell, Roy 169 E Flagler St Ste 1435 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature has the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**9/16/03**

**305-450-4708**

CR2E083 (4/03)

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