

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 15 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002399

1. Entity Name  
G.S. FUNDING GROUP, L.C.

Principal Place of Business  
7171 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

Mailing Address  
7171 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33487-1612



DO NOT WRITE IN THIS SPACE

65-0912474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUCCI, MARK S ESQ.  
BENSON, MOYLE & MUCCI  
ONE FINANCIAL PLAZA, SUITE 1600  
FORT LAUDERDALE FL 33394

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GOLDSTEIN, DONALD I  
ONE SOUTH OCEAN BLVD., SUITE 322  
BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
200003279562 ☐ Change ☐ Addition  
-06/07/00--01022--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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☐ Change ☐ 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 shall have 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

661-998-3010

161 (S) 690327C