

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000789

1. Entity Name

MODEL FUNDING II, LLC

FILED

00 JAN 25 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2500 MILITARY TRAIL NORTH, SUITE 260
BOCA RATON FL 33431

Mailing Address

2500 MILITARY TRAIL NORTH, SUITE 260
BOCA RATON FL 33431-6306

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

65-0850077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MILLER, DAVID
3565 NW 61ST CIRCLE
BOCA RATON FL 33496

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME MILLER, DAVID
STREET ADDRESS 2500 MILITARY TRAIL NORTH, SUITE 260
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
NAME WEISS, SAMUEL G
STREET ADDRESS 30 MAIN STREET
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE MGRM ☐ Delete
NAME KUSHAY, JOHN
STREET ADDRESS 2500 MILITARY TRAIL NORTH, SUITE 260
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
NAME KUSHAY, JOAN
STREET ADDRESS 2500 MILITARY TRAIL NORTH, SUITE 260
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☒ Delete
NAME LEDERMAN, DON
STREET ADDRESS 2500 MILITARY TRAIL NORTH, SUITE 260
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME LeBlond, III, Richard K.
STREET ADDRESS 2500 Military Trail N. Suite 260
CITY-ST-ZIP Boca Raton FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003117646--8
CITY-ST-ZIP -02/01/00--01035--011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 #

JOAN KUSHAY

1/18/00

(561) 995-0043