

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030383

DOCUMENT # M98000000789

1. Entity Name

MODEL FUNDING II, LLC



FILED

03 FEB -3 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7900 GLADES RD., STE. 610  
BOCA RATON FL 33434  
US

Mailing Address

7900 GLADES RD., STE. 610  
BOCA RATON FL 33434  
US

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

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM MILLER, DAVID 7900 GLADES RD., STE. 610 BOCA RATON FL 33434 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM KUSHAY, JOHN 7900 GLADES RD., STE. 610 BOCA RATON FL 33434 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM MILLER, SCOTT 7900 GLADES RD., STE. 610 BOCA RATON FL 33434 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
700011620837 02/03/03--01085--006 \*\*\$5.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
700011620837 02/03/03--01085--006 \*\*\$5.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM GREENBERG, CARY 7900 GLADES ROAD, STE. 610 BOCA RATON FL 33434 ☐ Change ☒ Addition

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2F083 (10/02)