FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 042 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 377584 ✓

1. Entity Name

Knob Hill Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1740 NW Avenida Del Sol	225 NE Mizner Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 150
City & State: Boca Raton FL	City & State: Boca Raton, FL
Zip: 33432 Country: U.S.A.	Zip: 33432 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 591325734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maricela A. Ramos

Street Address (P.O. Box Number is Not Acceptable): c/o Bank One 225 NE Mizner Blvd Suite 150

City: Boca Raton FL Zip Code: 33432

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director	TITLE	
NAME	Dean Milani, Jr	NAME	
STREET ADDRESS	19555 N Edwards Rd	STREET ADDRESS	
CITY-ST-ZIP	Antioch IL 60002	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Steven Faulkner	NAME	
STREET ADDRESS	PO Box 710212	STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43271-0212	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Maricela A. Ramos	NAME	
STREET ADDRESS	225 NE Mizner Blvd Suite 150	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-2-02 561-620-2304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #