

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001374

1. Entity Name

KORN ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

mf

Principal Place of Business
13796 LE HAVRE DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
13796 LE HAVRE DRIVE
PALM BEACH GARDENS FL 33410-1246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0765191		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KORN, LEE 2295 SOUTH OCEAN BLVD., APT. 510 PALM BEACH FL 33480		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
9. Capital Contributions as Shown on record.	\$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KORN, LEE	STREET ADDRESS	
NAME	2295 SOUTH OCEAN BLVD., APT. 510	CITY - ST - ZIP	800003241488--2
STREET ADDRESS	PALM BEACH FL 33480		-05/05/00--01095--012
CITY - ST - ZIP			****526.25 ****526.25
DOCUMENT #	KORN, ROBERT	STREET ADDRESS	
NAME	13796 LE HAVRE DRIVE	CITY - ST - ZIP	
STREET ADDRESS	PALM BEACH GARDENS FL 33410		
CITY - ST - ZIP			
DOCUMENT #	KORN, SHELDON	STREET ADDRESS	
NAME	35 SUTTON PLACE	CITY - ST - ZIP	
STREET ADDRESS	NEW YORK NY 10022		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: <i>[Signature]</i>	SIGNATURE REQUIRED <i>[Signature]</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #