

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001046 SP

DOCUMENT # A97000001374

1. Entity Name
KORN ASSOCIATES, LTD.

Principal Place of Business
13771 LEBATEAU LANE
PALM BEACH GARDENS FL 33418

Mailing Address
13771 LEBATEAU LANE
PALM BEACH GARDENS FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
65-0765191

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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.

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 #
NAME KORN, LEE ESTATE
STREET ADDRESS 2295 SOUTH OCEAN BLVD., APT. 510
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME KORN, ROBERT
STREET ADDRESS 13771 LEBATEAU LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME KORN, SHELDON
STREET ADDRESS 35 SUTTON PLACE
CITY-ST-ZIP NEW YORK NY 10022

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

908805273179-2
-04/15/02--01091--005
***526.25 ***526.25

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)