

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # A98000001876**1. Entity Name
KNARF 1489, LTD.

Principal Place of Business	Mailing Address
1900 NW CORPORATE BLVD., SUITE 100 WEST BUILDING BOCA RATON FL 33431	1900 NW CORPORATE BLVD., SUITE 100 WEST BUILDING BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
13860 WELLINGTON TRACE	13860 WELLINGTON TRACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#20	#20

City & State	City & State
WELLINGTON FL	WELLINGTON FL

Zip	Country	Zip	Country
33414		33414	

4. FEI Number	Applied For
65-0855560	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRUBIN FRANK L
13860 WELLINGTON TRACE, #20

WELLINGTON FL
33414 US**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 **FRANK RUBIN**

04/10/2001

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. 990.0010. Amount of Capital Contributions
in FLORIDA to date. 990.00**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KNARF 1489, INC.	13860 WELLINGTON TRACE, #20	WELLINGTON FL 33414

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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: Frank Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres 04/10/2001

Date

Daytime Phone #

CR2E003 (11/00)