

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012783 AT

DOCUMENT # A98000001876

1. Entity Name  
KNARF 1489, LTD.



FILED

03 FEB 27 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
1 SE 4TH AVE.,  
SUITE #210  
DELRAY BEACH FL 33483

Mailing Address  
1 SE 4TH AVE.,  
SUITE #210  
DELRAY BEACH FL 33483



2. Principal Place of Business

SUITE I  
BOCA RATON, FL  
33487 USA

3. Mailing Address

SUITE I  
BOCA RATON, FL  
33487 USA

DUE BY MAY 1, 2003

4. FEI Number 65-0855560

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, FRANK L  
1 SE 4TH AVE.,  
SUITE #210  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
SUITE I  
City BOCA RATON FL 33487

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.

DATE

9. Capital Contributions  
as Shown on record. \$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P98000067735  
NAME KNARF 1489, INC.  
STREET ADDRESS 1 SE 4TH AVE., SUITE #210  
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS SUITE I  
CITY-ST-ZIP BOCA RATON, FL 33487

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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(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 L. RUBIN 02/20/03 561 988 9335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE