

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # A98000001877**1. Entity Name
KNARF 3175, LTD.**Principal Place of Business**1900 NW CORPORATE BLVD., SUITE 100
WEST BUILDING
BOCA RATON
33431

FL

Mailing Address1900 NW CORPORATE BLVD., SUITE 100
WEST BUILDING
BOCA RATON
33431

FL

2. Principal Place of Business

13860 WELLINGTON TRACE

3. Mailing Address

13860 WELLINGTON TRACE

Suite, Apt. #, etc.

#20

Suite, Apt. #, etc.

#20

City & State

WELLINGTON

FL

City & State

WELLINGTON

FL

Zip

33414

Country

US

Zip

33414

Country

US

4. FEI Number

65-0855557

Applied For

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 KNARF 3175, INC.
STREET ADDRESS 13860 WELLINGTON TRACE, #20
CITY-ST-ZIP WELLINGTON FL 33414DOCUMENT #
NAME
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CITY-ST-ZIP**13. ADDRESS CHANGES ONLY****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****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(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)