

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001877

1. Entity Name
KNARF 3175, LTD.



FILED

2003 FEB 24 PM 12:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
1 SE 4TH AVE..
SUITE #210
DELRAY BEACH FL 33482

Mailing Address
1 SE 4TH AVE..
SUITE #210
DELRAY BEACH FL 33482

2. Principal Place of Business

5455 N. FEDERAL HWY
SUITE I

3. Mailing Address

5455 N. FEDERAL HWY
SUITE I

DUE BY MAY 1, 2003

City & State
BOCA RATON, FL
Zip
33487
Country
USA

City & State
BOCA RATON, FL
Zip
33487
Country
USA

4. FEI Number 65-0855557

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)

5455 N. FEDERAL HWY
SUITE I

City BOCA RATON FL Zip Code 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT # P98000067733
NAME KNARF 3175, INC.
STREET ADDRESS 1 SE 4TH AVE., SUITE #210
CITY-ST-ZIP DELRAY BEACH FL 33483

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5455 N. FEDERAL HWY, SUITE I
CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 300013041013
CITY-ST-ZIP 02/24/03--01081--019 **141.25

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: SHARON RUBIN 02/24/03 561 988 9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)