

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000356

1. Entity Name  
KN ROUND ROCK CORP.

4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445



FILED

03 APR 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O JAY FELNER  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445

Mailing Address  
C/O JAY FELNER  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445

2. Principal Place of Business  
WAXMAN, CHARLES

3. Mailing Address

Suite, Apt. #, etc.  
WAXMAN, CHARLES

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 36-4341016

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY  
4182 LIVE OAK BLVD  
KN ROUND ROCK CORP.  
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

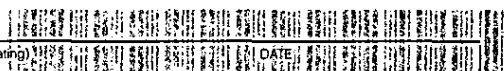
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)



**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>WAGNER, NATHAN<br>600 CENTRAL AVE., SUITE 365<br>HIGHLAND PARK IL 60035      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SCHWARTZBERG, ALBERT<br>50 MAIN STREET, SUITE 435<br>WHITE PLAINS, NY 10606  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SCDV<br>GOLDMAN, ROBERT U<br>600 CENTRAL AVE., SUITE 365<br>HIGHLAND PARK IL 60035 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FELNER, JAY<br>4182 LIVE OAK BLVD.<br>DELRAY BEACH FL 33445                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WAXMAN, CHARLES<br>1695 LAKE COOK ROAD, APT. 229<br>HIGHLAND PARK IL 60035    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | WAGNER, NATHAN<br>600 CENTRAL AVE., SUITE 365<br>HIGHLAND PARK IL 60035            | <input type="checkbox"/> Delete |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |

500016106615  
04/16/03--01037--001 \*\*150.00

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCDV Robert U. Goldman  
600 CENTRAL AVE., SUITE 365  
HIGHLAND PARK IL 60035

3/25/03

(847) 432-3666

Date

Daytime Phone #

0415828 AV

0415828 AV

(201) 503-0200