## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F92000000828

Entity Name: BARNFAIR, INC.

City-St-Zip:

SCARSDALE, NY 10583 US

FILED Jan 06, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
% KIN PROPERTIES, INC. 185 NW SPANISH RIVER BLVD - BOX 500 BOCA RATON, FL 334314230 US				% KIN PROPERTIES, INC. 185 NW SPANISH RIVER BLVD-STE 100 BOCA RATON, FL 334314230 US	
Current Mailing Address:				New Mailing Address:	
185 NW SPANISH RIVER BLVD				185 NW SPANISH RIVER BLVD	
BOX 500 BOCA RATON, FL 334314230 US				STE 100 BOCA RATON, FL 334314230 US	
FEI Number	: 13-2866243	FEI Number Applied For()	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 323010000 US					
	e named entity : e of Florida.	submits this statement for the բ	purpose o	f changing its register	ed office or registered agent, or both,
SIGNATU	RE:				
Electronic Signature of Registered Agent					Date
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SANDELMAN, 3905 S OCEAN			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VDT ( ) SANDELMAN, S 17915 LAKE ES BOCA RATON,	STATES DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DS ( ) SCHREIER, AL			Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JEFFREY SANDELMAN PD 01/06/2003