

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90033 019 ***150.00

DOCUMENT # K98960

1. Entity Name
KNEE ENTERPRISES, INC.

Principal Place of Business

1855 GRIFFIN RD., #A304
 DANIA FL 33004

Mailing Address

1855 GRIFFIN RD., #A304
 DANIA FL 33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0130204**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, JOEL
676 W. PROSPECT DRIVE
FORT LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D <input type="checkbox"/> Delete	KNEE, BARBARA
STREET ADDRESS		1855 GRIFFIN RD
CITY-ST-ZIP		DANIA FL
TITLE NAME	D <input type="checkbox"/> Delete	KNEE, THEODORE
STREET ADDRESS		1855 GRIFFIN RD
CITY-ST-ZIP		DANIA FL
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Theodore D. Knee* **Theodore D. Knee** 3/22/01 954-920-6442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)