2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53481 1. Entity Name KORNFELD ASSOCIATES LTD., INC.				Secretary of State 01-27-2002 90047 009 ***150.00			
Principal Place of Business % STEPHEN H. KORNFELD 719 N OCEAN BLVD DELRAY BEACH FL 33483		Mailing Address % STEPHEN H. KORNFELD 719 N OCEAN BLVD DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 52-16	83245	Applied For Not Applicable	
Zip	Country Zip		Country			5 Additional	
	6. Name and Address of Current F	legistered Agent		7. Name and Address o	New Registered Agent		
KORNFELD, STEPHEN H. 719 N OCEAN BLVD DETRAY BEACH FL 33483			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)			
UELIAT BEACH FE 35465			City	FL Zip Code			
Tax filing i	Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	Pregistered Agent signature required: PRE IS \$150.00 Pregistered Agent signature required: Pregistered Agent	0 10. Election Camp Trust Fund Co	ntribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kornfeld, Stephen H. 719 N Ocean Blvd Delray Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange	
TITLE NAME Street address City-St-Zip	D Kornfeld, Louise 719 N Ocean Blvd Delray Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch.	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete ~	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha	ange 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch:	ange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange Addition	
indicated of the cor	certify that the information supfilied with to on this report of supplemental report is to poration or the Receiver of try stee empoy or on an attachment with an address, w	rue and accurate and that my	y signature shall have t	ne same legal effect as if made	under oath; that I am an o	fficer or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR