## **2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000027583 FILED Jan 20, 2001 8:00 am

1. Entity Nan	NO KORNBLATT, INC.	,		Secretary of State 01-20-2001 90026 034 ***150.00	
Principal Place of Business 8601 OLD COURT RD #205 BOCA RATON FL 33433		Mailing Address 6601 OLD COURT RD #205 BOCA RATON FL 33433			
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4, FEI Number   Applied For   (0.5 0991354   Not Applied by Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
KORNBLATT, HOWARD 6601 OLD COURT RD., #205 BOCA RATON FL 33433			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
SIGNATURE	e named entity submits this statement for signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible	and title if applicable. (NOT	E: Registered Agent signature res	<del></del>	
Tax filing (See crite	requirement and elects to do so.	After MAY 1, 20 Make Check Payal	001 Fee will be \$550.0 ble to Department of	0.00 Trust Fund Contribution. Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND KORNBLATT, HOWARD 6601 OLD COURT RD., #205 BOCA RATON FL 33433	DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Add	
indicated of the cor	on this report or supplemental report is	true and accurate and that rewered to execute this report	ny signature shall have as required by Chapter	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or direct ter 607, Florida Statutes; and that my name appears in Block 11 or Block 12	