2001 UNIFORM BUSINESS REPORT (UBR)								FIL	ED			
DOCUMENT # P98000067733 1. Entity Name KNARF 3175, INC.							Apr 10, 2001 08:00 AM Secretary of State					
Principal Place of Business 1900 NW CORPORATE BLVD. SUITE 100, WEST BUILDING BOCA RATON FL 33431			Mailing Address 1900 NW CORPORATE BLVD. SUITE 100, WEST BUILDING BOCA RATON 33431	FL								
	Mace of Business		3. Mailing Address 13860 WELLINGTON TRACE								-	
Suite, Apt. #20			Suite, Apt. #, etc. #20					DO NOT	WRITE IN THIS	S SPACE	–	
City & State	·	FL	City & State wellington		FL		4. FEI Numbe 65-0855				oplied For ot Applicable	
Zip 33414		untry	Zip 33414	Cour	ntry			of Status Desire		\$8.75 Add Fee Require		
	o. Name and /	Address of Current R	egistered Agent	-	1		7. Name and	Address of Ne	w Registered	l Agent		_
GRANET LLOYD 1900 NW CORPORATE BLVD.					Name RUBIN Street Ac	ddress (P.0	ANK L D. Box Numbe ON TRACE	r is Not Accept	able)	<u> </u>	<u> </u>	_
SUITE 100, WEST BUILDING BOCA RATON FI 33431					#20	ELEHVOT	ONTRACE					<u>-</u>
8. The above	named entity subr	nits_this statement for	the purpose of changing its i	register	City WELLIN ed office or		agent or boti	h in the State o	f Florida	Zip Cod 33414	e 	_
SIGNATURE .	FRANK F				d Agent signatu	_				0/2001	<u></u>	
Tax filing r	pration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payable	l FEE	IS \$150.0 will be \$5	00 50.00	10. Ele	ction Campaign st Fund Contrib	n Financing	\$5.0	0 May Be ito Fees	
11.		OFFICERS AND D	IRECTORS	12.			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		FRANK L GTON TRACE #20 EACH	☐ Delete				FRANI ELLINGTON		FL		Addition	034 (11/00)
TITLE NAME STREET ADDRESS			☐ Delete ¸	: TITU NAM	E					☐ Change	Addition	CR2E(
CITY-ST-ZIP			☐ Delete	CITY	- ST-ZIP					☐ Change	☐ Addition	-
NAME STREET ADDRESS CITY-ST-ZIP					ie eet address - St-Zip					onwige		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
of the cor	poration or the rec	aiver or trustee empow	his filing does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	เบาะเกกล	fure chall ha	ava tha cai	me legal effect	tae if mada un	dar aath, that	I am an officer	or director	
SIGNAT		NATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O	R DIRECT	ror .		Pres	04/10/2001 Date		Daytime Phone #		-