

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90238 032 ***150.00

DOCUMENT # P98000067735



1. Entity Name
KNARF 1489, INC.

Principal Place of Business
**1 SE 4TH AVE.
SUITE #210
DELRAY BEACH FL 33483**

Mailing Address
**1 SE 4TH AVE.
SUITE #210
DELRAY BEACH FL 33483**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5455 N. FEDERAL HWY
SUITE I**

3. Mailing Address

**5455 N. FEDERAL HWY
SUITE I**

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **65-0855560**

Applied For
☐ Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

**RUBIN, FRANK L
1 SE 4TH AVE.,
SUITE #210
DELRAY BEACH FL 33483**

Name
Street Address (P.O. Box Number is Not Acceptable)
**5455 N. FEDERAL HWY
SUITE I
BOCA RATON FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
RUBIN, FRANK L
1 SE 4TH AVE., SUITE #210
DELRAY BEACH FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5455 N. FEDERAL HWY, SUITE I
BOCA RATON, FL 33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK L RUBIN 02/20/03 561.988.9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)