

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90950 009 ***150.00

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

DOCUMENT # 616437
 1. Entity Name
 KAUFF'S OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 8503 Hilltop Drive
 Suite, Apt. #, etc.

3. Mailing Address
 8503 Hilltop Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Ooltewah, TN

City & State
 Ooltewah, TN

4. FEI Number
 59-2592825

Applied For
 Not Applicable

Zip
 37363

Country
 Hamilton

Zip
 37363

Country
 Hamilton

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 526 E. Park Ave.

City
 Tallahassee

FL

Zip Code
 32301

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> Gary Pasbough 2435 All Baba Ave. Opa Locka, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey I. Badgley 8503 Hilltop Drive Ooltewah, TN 37363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T John Maynard 8503 Hilltop Drive Ooltewah, TN 37363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS William Beckley 8503 Hilltop Drive Ooltewah, TN 37363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John Maynard* John Maynard, Vice President 3/26/02
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)