

2001 UNIFORM BUSINESS REPORT (UBR)

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03-20-2001 90020020 ***150.00

P99000106639 STATE
SECRETARY OF CORPORATIONS

018156

DOCUMENT # P99000106639

1. Entity Name
KIFFNEY'S, INC.

01 JUL 16 AM 10:45

Principal Place of Business 102900 OVERSEAS HWY STE. #2 KEY LARGO FL 33037	Mailing Address 102900 OVERSEAS HWY STE. #2 KEY LARGO FL 33037
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
**KIFFNEY, THOMAS
12900 OVERSEAS HWY.,STE.2
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent
Name **KIFFNEY, THOMAS**
Street Address (P.O. Box Number is Not Acceptable)
102900 Overseas Hwy. Ste. # 2
City **Key Largo** FL Zip Code **33037**

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: **THOMAS KIFFNEY** DATE: **3-12-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIFFNEY, THOMAS P.O. BOX 1100 KEY LARGO FL 33037	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLLOGUB, NICHOLAS 9311 SW 54 ST MIAMI FL 33165	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **THOMAS KIFFNEY** DATE: **3-12-01** DAYTIME PHONE #: **305-451-0093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

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KIFFNEY'S

Plaza 102
102900 Overseas highway # 2
Key Largo , FL. 33037
305-451-0043
305-451-2615 Fax

July 10, 2001

Florida Dept. Of State

Dear Sir or Madam:

I just received a packet from you informing us that we have not filed our incorporation paper work with you. We did in fact do this on March 12, 2001. Enclosed please find a copy of our cashed check both front and back which shows this. I did notice that the FEI number shows applied for. We have since obtained that number which is 65-8051227. If there are any questions or if I can be of further service please contact me directly.

Sincerely,



Thomas E. Kiffney
Owner