

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90121 001 ***150.00

0158572

DOCUMENT # M62228

1. Entity Name

K B MORTGAGE COMPANY

Principal Place of Business

Mailing Address

2601 S BAYSHORE DRIVE

2601 S BAYSHORE DRIVE

MIAMI FL 33133

MIAMI FL 33133

US

US

#900

#900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

#900

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0015708**

Applied For

Not Applicable

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

BIONDI, WILLIAM

2601 S BAYSHORE DRIVE

PH-1B

MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

PD
BIONDI, WILLIAM (BILL)
2601 S BAYSHORE DRIVE, 9TH FLOOR
MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
KATZ, MICHAEL L.
2601 S BAYSHORE DRIVE, 9TH FLOOR
MIAMI FL 33133

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

William Biondi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

705 856 3200

Daytime Phone #

CR2E034 (10/00)