

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076337

1. Entity Name

K C MORTGAGE CORPORATION

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90258 010 \*\*\*150.00

Principal Place of Business

900 WEST 49TH STREET  
SUITE 406  
HIALEAH FL 33012

Mailing Address

900 WEST 49TH STREET  
SUITE 406  
HIALEAH FL 33012

A0068786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 WEST 49 ST.

Suite, Apt. #, etc.

510

City & State

HIALEAH, FL

Zip

33012

Country

USA

3. Mailing Address

1840 WEST 49 ST.

Suite, Apt. #, etc.

510

City & State

HIALEAH, FL

Zip

33012

Country

USA

4. FEI Number

65-1036316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUANO, YESENIA C  
900 WEST 49TH STREET  
SUITE 406  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name RUANO, YESENIA C

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

1840 WEST 49 ST.

SUITE 510

City

HIALEAH

FL

Zip Code

33012

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

YESENIA C. RUANO / PRESIDENT

4/30/01

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

TITLE PD ☐ Delete  
NAME RUANO, YESENIA C  
STREET ADDRESS 16375 NW 88TH AVENUE  
CITY-ST-ZIP MIAMI FL 33018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305-308-4565

Daytime Phone #

CR2E034 (10/00)