2001 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

DOCUMENT # P97000042874

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 15 AM 4:40

1. Entity Name
KEMPES MORTGAGE, INC.

Principal Place of Business
330 S.W. 27th Avenue
Suite 303
Miami, Florida 33135

Mailing Address
(Same)

2. Principal Place of Business
330 S.W. 27 Avenue, #303
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33135 Country Miami-Dade

3. Mailing Address
330 S.W. 27 Avenue
Suite, Apt. #, etc.
303
City & State
Miami, Florida
Zip 33135 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number
650911170
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Nilson-Marques, Jr.
330 S.W. 27 Avenue, Suite 303
Miami, Florida 33135

7. Name and Address of New Registered Agent
Name
Altagracia Sanchez-Haberkorn
Street Address (P.O. Box Number is Not Acceptable)
330 S.W. 27 Avenue, Suite 303
City Miami FL Zip Code 33135

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 8/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Altagracia Sanchez-Haberkorn 8/13/01

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

FILE NOTIFICATION FEE $150.00
After MAY 1, 2001, Fee Will Be $550.00
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	Secretary Nilson Marques, Jr. 330 S.W. 27 Ave., #303 Miami, Florida 33135	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Rodolfo Bonfiglioli 330 S.W. 27 Avenue, #303 Miami, Florida 33135	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	President, Sec., Director Altagracia Sanchez-Haberkorn 330 S.W. 27 Ave., #303 Miami, Florida 33135	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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CR2E034 (11/00)

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: _____ Date 8/13/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Altagracia Sanchez-Haberkorn

AD