

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90194 001 ***150.00

DOCUMENT # P97000042874

1. Entity Name
KEMPES MORTGAGE, INC.

Principal Place of Business

**330 S.W. 27TH AVENUE
 SUITE 303
 MIAMI FL 33135**

Mailing Address

**330 S.W. 27TH AVENUE
 SUITE 303
 MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8568 SW 211 Terr
 Suite, Apt. #, etc.
 Miami FL
 City & State**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0911170**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHES-HABERCORN, ALTAGRACIA
 330 SW 27 AVE #303
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **SANCHEZ - HABERKORN, ALTAGRACIA**
 Street Address (P.O. Box Number is Not Acceptable)
8568 SW 211 TERRACE
MIAMI, FL 33189
 City **MIAMI** State **FL** Zip Code **33189**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ-HABERKORN, ALTAGRACIA 330 SW 27 AVE #303 MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SANCHEZ - HABERKORN ALTAGRACIA 8568 SW 211 terrace MIAMI FL 33189 - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GARCIA, Stephanie 8568 SW 211 terrace MIAMI FL 33189 - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES - SEC ASST. ALBORNOS, AMERICA 11961 SW 3rd St MIAMI FL 33184 - Sec. ASST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

Daytime Phone #

CR2E034 (9/01)