

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91158 006 ***150.00

DOCUMENT # P98000061244

1. Entity Name
KML MORTGAGE, INC.

Principal Place of Business
8603 S. DIXIE HWY., SUITE 402
MIAMI FL 33156

Mailing Address
8603 S. DIXIE HWY., SUITE 402
MIAMI FL 33156

2. Principal Place of Business
9155 S. DADELAND BLVD

3. Mailing Address
9155 S. DADELAND BLVD

Suite, Apt. #, etc.
SUITE 1008

Suite, Apt. #, etc.
SUITE 1008

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33156 USA

Zip Country
33156 USA

4. FEI Number **65-0848977**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOBO, ELISABETH A
86035 S DIXIE HWY
SUITE 402
MIAMI FL 33143

7. Name and Address of New Registered Agent

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 _____ (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 **PV** ☐ Delete
NAME **LOBO, ELISABETH A**
STREET ADDRESS **8603 S. DIXIE HWY., SUITE 402**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **ST** ☐ Delete
NAME **LOBO, JOHN V**
STREET ADDRESS **8603 S. DIXIE HWY., SUITE 402**
CITY-ST-ZIP **MIAMI FL 33156**

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

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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: **JOHN V LOBO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
Date

305-670-9061
Daytime Phone #

CR2E034 (9/01)