

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90235 014 \*\*\*150.00

DOCUMENT # *P98000070610*

1. Entity Name

*KK MORTGAGE SERVICES INC*

**DO NOT WRITE IN THIS SPACE**

*B0127319*

2. Principal Place of Business

*9050 PINES BLVD*

Suite, Apt. #, etc.

*355*

3. Mailing Address

*9050 PINES BLVD*

Suite, Apt. #, etc.

*355*

DO NOT WRITE IN THIS SPACE

City & State

*Pembroke Pines FL*

City & State

*Pembroke Pines FL*

4. FEI Number

*65 0855772*

Applied For

Not Applicable

Zip

*33024*

Country

*USA*

Zip

*33024*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*GIRVAN Billings*

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

*9050 Pines Blvd*

*Suite 355*

City

*Pembroke Pines*

**FL**

Zip Code

*33024*

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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
<i>P</i>	<i>GIRVAN BILLINGS</i>	<i>9050 PINES BLVD #355</i>	<i>Pembroke Pines FL 33024</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/28/02*

*954 450 2529*

CR2E034B (12/01)



# KK MORTGAGE SERVICES INC.

LICENSED MORTGAGE BROKERAGE BUSINESS

MORTGAGE & EQUITY LOANS FOR RESIDENTIAL, INVESTMENT & COMMERCIAL PROPERTIES

9050 PINES BLVD, SUITE 355 • PEMBROKE PINES, FL 33024

TEL: 954-450-2529 • FAX: 954-450-8359

e-mail: kkmortgage@mindspring.com • www.kkmortgage.com

Attachment  
04/29/02  
B012319

July 1, 2002

Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

The attached Business Report is just being completed because we did not receive the form from the State in the normal time frame.

It is just now being done because we called and asked for it which we received on 6/29/2002 and therefore we do not think that we should be required to pay the fee for filing after May 1.

We trust that you will make an exception for this. Accordingly, we are enclosing our check in the amount of \$150.00.

Thank you.

Sincerely,

  
Girvan Billings  
President.