

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091470

1. Entity Name

K & D MORTGAGE LENDERS, INC.

Principal Place of Business

1800 S.W. 8 STREET
MIAMI FL 33135

Mailing Address

1800 S.W. 8 STREET
MIAMI FL 33135

2. Principal Place of Business

7957 SW 40 Street

3. Mailing Address

7957 SW 40 Street

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0874601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KABA, MOISES
1800 S.W. 8 STREET
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Kaba, Moises III

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

7957 SW 40 St Ste #208

City

Miami

FL

Zip Code

33155

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, 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 ☐ Delete
NAME D
STREET ADDRESS KABA, MOISES
CITY-ST-ZIP 1800 S.W. 8 STREET
MIAMI FL 33135

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
NAME
STREET ADDRESS
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:

Moises Kaba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
Date

305-642-2229
Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90977 031 ***150.00

647219



DO NOT WRITE IN THIS SPACE

0168410

CR2E034 (10/00)