

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 035 ***150.00

DOCUMENT # P98000091470

1. Entity Name

K & D Mortgage Lendens, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7957 SW 40th St.

3. Mailing Address

7957 SW 40th St.

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

208

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number

65-0871601

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

moises kaba

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

7957 SW 40th Street

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

Moises Kaba

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when ratifying)

4/24/02

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
moises kaba
7957 SW 40th Street
miami FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Moises Kaba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

DATE

605/667-9029

Daytime Phone #

CR2E034B (12/01)