

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90498 015 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

Kendale Mortgage &amp; Finance Corp.

Principal Place of Business

9010 SW 137th Avenue  
Suite 105-107  
Miami, Florida 33186

Mailing Address

9010 SW 137th Avenue  
Suite 105-107  
Miami, Florida 33186

2. Principal Place of Business

9010 SW 137th Avenue  
Suite, Apt. #, etc.  
Suite 105-107

3. Mailing Address

9010 SW 137th Avenue  
Suite, Apt. #, etc.  
Suite 105-107City & State  
Miami, FloridaCity & State  
Miami, FloridaZip  
33186Country  
DadeZip  
33186Country  
Dade4. FEI Number  
65-0928624Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Ana V. Torres-Zambrana  
9010 SW 137th Avenue  
Suite 105-107  
Miami, Florida 33186

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

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

(NOT 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTVP  
Ana V. Torres-Zambrana  
9010 SW 137th Avenue Suite 105-107  
Miami, Florida 33186 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #