

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65165

1. Entity Name

KIWA MORTGAGE CORP.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90010 036 \*\*\*150.00

Principal Place of Business

5870 SW 8TH ST  
SUITE 7  
MIAMI FL 33144  
US

Mailing Address

5870 SW 8TH ST  
SUITE 7  
MIAMI FL 33144-5052  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 520682

City & State

City & State  
MIAMI, FLORIDA

4. FEI Number

65-0360763

Applied For

Not Applicable

Zip

Country

Zip

Country

33152-0682

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULA C. GOMEZ  
5870 S.W. 8TH STREET, SUITE 7  
201 ALHAMBRA CIR SUITE 1200  
MIAMI FL 33144

Name

PAULA C. GOMEZ

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

5840 S.W. 8th ST, STE # 3

City

MIAMI

FL

Zip Code  
33144

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME LICKSTEIN, FRED K  
STREET ADDRESS 201 ALHAMBRA CIRCLE STE 1200  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BOLANOS, JORGE L  
STREET ADDRESS 5870 S.W. 8TH ST., STE. 7  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME VERGARA, MANUEL  
STREET ADDRESS 5870 S.W. 8TH ST., STE. 7  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

Director/Jorge L. Bolanos

4-17-00

305-261-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)