

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65165

1. Entity Name

KIWA MORTGAGE CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90216 034 ***150.00

Principal Place of Business

Mailing Address

5870 SW 8TH ST
 SUITE 7
 MIAMI FL 33144
 US

P.O. BOX 520682
 MIAMI FL 33152
 US

765917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7108 SW 4TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

4. FEI Number

65-0360763

Applied For

Not Applicable

Zip

33155

Country

Dade

Zip

Country

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

GOMEZ-PAULA C
 5840 S.W. 8 STREET SUITE 3
 MIAMI FL 33144

Name

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

7108 SW 4TH ST

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

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 7108 SW 4TH ST.
 CITY-ST-ZIP Miami FL 33155

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 7108 SW 4TH ST
 CITY-ST-ZIP Miami FL 33155

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)