

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90086 017 \*\*\*150.00

**DOCUMENT # L84601**

1. Entity Name

**J.I. KISLAK REALTY INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**HOWARD J BRAFMAN**  
**7900 MIAMI LAKES DRIVE WEST**  
**MIAMI LAKES FL 33016**  
**US**

**HOWARD BRAFMAN**  
**7900 MIAMI LAKES DRIVE WEST**  
**MIAMI LAKES FL 33016-5816**  
**US**

000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0205268**

Applied For

Not Applicable

Zip

Country

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

**BRAFMAN, HOWARD, J**  
**7900 MIAMI LAKES DRIVE WEST**  
**MIAMI LAKES FL 33016**

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.

(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	DSVS	<input type="checkbox"/> Delete
NAME	BRAFMAN, HOWARD J.	
STREET ADDRESS	7900 MIAMI LAKES DR WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	KISLAK, JAY I.	
STREET ADDRESS	7900 MIAMI LAKES DR WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	FENELLO, CAROL A	
STREET ADDRESS	7900 MIAMI LAKES DR. W.	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	BARTELMO, THOMAS	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT**

*March 31*, 2000

(305) 364-4213

Date

Daytime Phone #

CR2E034 (9/99)