

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90042 044 \*\*\*150.00

**DOCUMENT # L84601**

1. Entity Name  
**J.I. KISLAK REALTY INVESTMENTS, INC.**

Principal Place of Business <b>HOWARD J BRAFMAN</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33016</b> <b>US</b>	Mailing Address <b>HOWARD BRAFMAN</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33016</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7900 MIAMI LAKES DRIVE W</b> Suite, Apt. #, etc.	3. Mailing Address <b>7900 MIAMI LAKES DRIVE W</b> Suite, Apt. #, etc.
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City & State <b>MIAMI LAKES, FL</b>	City & State <b>MIAMI LAKES, FL</b>	4. FEI Number <b>65-0205268</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33016</b>	Country <b>USA</b>	Zip <b>33016</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>BRAFMAN, HOWARD, J</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33016</b>	7. Name and Address of New Registered Agent Name <b>RODRIGUEZ, CHRISTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7900 MIAMI LAKES DRIVE W</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33016</b>
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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 *Christy Rodriguez* **CHRISTY RODRIGUEZ, AVP** DATE **01/19/02**

Signature of Registered Agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVS</b> <b>BRAFMAN, HOWARD J.</b> <b>7900 MIAMI LAKES DR WEST</b> <b>MIAMI LAKES FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDP</b> <b>KISLAK, JAY I.</b> <b>7900 MIAMI LAKES DR WEST</b> <b>MIAMI LAKES FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT</b> <b>BARTELMO, THOMAS</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33106</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVPT</b> <b>BARTELMO, THOMAS</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUBOW, CHERYL</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>RODRIGUEZ, CHRISTY</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES FL 33016</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *THOMAS BARTELMO* **THOMAS BARTELMO, SENIOR VICE PRESIDENT** DATE **01/14/02** 305-364-4106 Daytime Phone #

01402: 5 27

CR2E034 (9/01)