

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-13-2000 90082 002 \*\*\*150.00

**DOCUMENT # S68568**

1. Entity Name

**KISLAK LIMITED INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**7900 MIAMI LAKES DRIVE WEST  
 HIALEAH FL 33016**

**7900 MIAMI LAKES DRIVE WEST  
 HIALEAH FL 33016-5816**

**833449**



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

**65-0276947**

Applied For

Not Applicable

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**

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	CPD	<input type="checkbox"/> Delete
NAME	KISLAK, JAY I	
STREET ADDRESS	7900 MIAMI LAKES DR W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	BRAFMAN, HOWARD J	
STREET ADDRESS	7900 MIAMI LAKES DR W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	BARTELMO, THOMAS	
STREET ADDRESS	7900 MIAMI LAKES DR WEST	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	FENELLO, CAROL A	
STREET ADDRESS	7900 MIAMI LKS DR W	
CITY-ST-ZIP	MIAMI LKS FL	
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
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STREET ADDRESS		
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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:

*March 31*

2000 (305) 364-4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT**

CR2E034 (9/99)