

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90092 034 ***150.00

01/05/02 AV

DOCUMENT # S68568

1. Entity Name
KISLAK LIMITED INVESTMENTS, INC.

Principal Place of Business **Mailing Address**
7900 MIAMI LAKES DRIVE WEST **7900 MIAMI LAKES DRIVE WEST**
HIALEAH, FL 33016 **HIALEAH FL 33016**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0276947** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE


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 **RODRIGUEZ, CHRISTY**
Street Address (P.O. Box Number is Not Applicable)
7900 MIAMI LAKES DRIVE
City **MIAMI LAKES** **FL** **Zip Code** **33016**

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  **DATE** **01/10/02**
(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	CPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISLAK, JAY I	NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	
TITLE	DSVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAFMAN, HOWARD J	NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	
TITLE	SVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELMO, THOMAS	NAME	
STREET ADDRESS	7900 MIAMI LAKES DR WEST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LUBOW, CHERYL
STREET ADDRESS		STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	<input type="checkbox"/> Delete	TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS		STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **DATE** **01/14/02** **305-364-4106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)