2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # 825212** 1, Entity Name THE KISLAK COMPANY, INC. 04-13-2000 90080 039 ***150 00 Mailing Address Principal Place of Business 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016-2897 MIAMI LAKES FL 33016-5816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 22-1913039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAFMAN, HOWARD J. Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DR W. MIAMI LAKES FL 33016 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME KISLAK, JAY NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W. CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 TITLÉ ☐ Change Addition ☐ Delete SVP TITLE NAME NAME STILES, LINDA M STREET ADDRESS STREET ADDRESS 1000 RT. 9 CITY-ST-ZIE CITY-ST-ZIP WOODBRIDGE NJ 07095 Addition ☐ Change DSVP ☐ Delete TITLE TIT! F NAME BRAFMAN, HOWARD J. NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W. CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete ☐ Change Addition 71717 BARTELMO, THOMAS NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR, WEST CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete Change Addition TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZiP

STREET ADDRESS

CITY-ST-ZIP

WIENER, JEFFREY

WOODBRIDGE NJ 07095

1000 ROUTE 9

IGNATURY AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTO

Delete

, 2000 (305) 364-4213

ate Daytime Phone

☐ Change

Addition

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