2000	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # 175880 Apr 13, 2000 8:00 am Secretary of State J.I. KISLAK MORTGAGE CORPORATION 04-13-2000 90082 003 ***150.00 Mailing Address Principal Place of Business C/O HOWARD J. BRAFMAN, ESQ. C/O HOWARD J. BRAFMAN, ESQ. 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016-5816 MIAMI LAKES FL 33016-5897 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0762940 Not Applicable Country Zip Country Zip \$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, Höward J. Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition DSVS TITLE ☐ Delete TITLE Brafman, Howard J. NAME STREET ADDRESS 7900 MIAMI LAKES DR. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Change Addition TITLE ☐ Delete NAME KISLAK, JAY I. STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W. CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BIALY, KENNETH S. NAME NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIE CITY-ST-ZIP MIAMI LAKES FL Change ☐ Addition **PCCO** Delete TITLE TITLE GARLOCK, EMMETT R NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

7900 MIAMI LAKES DRIVE WEST

7900 MIAMI LAKES DRIVE WEST

MIAMI LAKES FL

BARTELMO, THOMAS

MIAMI LAKES FL 33016

SVPT

SENTOR VICE PRESIDENT

☐ Delete

☐ Delete

☐ Change

☐ Change

CR2E034 (9/99)

☐ Addition

☐ Addition