

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 175880

1. Entity Name

J.I. KISLAK MORTGAGE CORPORATION

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90003 006 \*\*\*150.00

0489451

Principal Place of Business  
C/O HOWARD J. BRAFMAN, ESQ.  
7900 MIAMI LAKES DR. W.  
MIAMI LAKES FL 33016-5897

Mailing Address  
C/O HOWARD J. BRAFMAN, ESQ.  
7900 MIAMI LAKES DR. W.  
MIAMI LAKES FL 33016-5897

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0762940** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**BRAFMAN, HOWARD J.  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	DSVS	<input 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	D	<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	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIALY, KENNETH S.		NAME		
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		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 DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
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		
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: \_\_\_\_\_

HOWARD J. BRAFMAN, ESQ. PRESIDENT

02/20/01

Date

(305) 364-4213

Daytime Phone #

CR2E034 (10/00)