

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2002 90063 040 ***150.00

DOCUMENT # 175880

1. Entity Name
J.I. KISLAK MORTGAGE CORPORATION

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
7900 MIAMI LAKES DRIVE W
 Suite, Apt. #, etc.

3. Mailing Address
7900 MIAMI LAKES DRIVE W
 Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number **59-0762940**

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

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
RODRIGUEZ, CHRISTY

Street Address (P.O. Box Number is Not Acceptable)
7900 MIAMI LAKES DRIVE WEST

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 *Christy Rodriguez*
CHRISTY RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

01/14/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DSVS** ☒ Delete
NAME **BRAFMAN, HOWARD J.**
STREET ADDRESS **7900 MIAMI LAKES DR. W.**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ Delete
NAME **KISLAK, JAY I.**
STREET ADDRESS **7900 MIAMI LAKES DR. W.**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **SVP** ☒ Delete
NAME **BIALY, KENNETH S.**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **SVPT** ☐ Delete
NAME **BARTELMO, THOMAS**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Change ☒ Addition
NAME **GLICK, CHERYL**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DP** ☒ Change ☐ Addition
NAME **KISLAK, JAY I**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **AVP** ☐ Change ☒ Addition
NAME **RODRIGUEZ, CHRISTY**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DSVPT** ☒ Change ☐ Addition
NAME **BARTELMO, THOMAS**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VPS** ☐ Change ☒ Addition
NAME **LUBOW, CHERYL**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
THOMAS BARTELMO, SENIOR VICE PRESIDENT

01/14/02

305-364-4106

Date

Daytime Phone #

CR2E034 (9/01)