

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90130 040 ***150.00

DOCUMENT # 287689

1. Entity Name
J.I. KISLAK MORTGAGE SERVICE CORPORATION

Principal Place of Business
C/O HOWARD J. BRAFMAN.ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897

Mailing Address
C/O HOWARD J. BRAFMAN.ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-2897



2. Principal Place of Business
7900 MIAMI LAKES DRIVE W

3. Mailing Address
7900 MIAMI LAKES DRIVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number **59-1083439**

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country

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

6. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J.
7900 MIAMI LAKES DR. W.
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
MIAMI LAKES FL 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, AVP

(NOTE: Registered Agent signature required when reinstating)

01/14/02
DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP NAME BIALY, KENNETH S STREET ADDRESS 7900 MIAMI LAKES DR WEST CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE SVDS NAME BRAFMAN, HOWARD J. STREET ADDRESS 7900 MIAMI LAKES DR., W. CITY-ST-ZIP MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE CD NAME KISLAK, JAY I STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE SVPT NAME BARTELMO, THOMAS STREET ADDRESS 7900 MIAMI LAKES DR WEST CITY-ST-ZIP MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME GLICK, CHERYL STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CDP NAME KISLAK, JAY I STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DSVPT NAME BARTELMO, THOMAS STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME LUBOW, CHERYL STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AVP NAME RODRIGUEZ, CHRISTY STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *THOMAS BARTELMO, SVP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02
Date

305-364-4106
Daytime Phone #

CR2E034 (9/01)