

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 Mailing Address
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 33016-2897 **MIAMI LAKES FL 33016-2897**



2. Principal Place of Business 3. Mailing Address
7900 MIAMI LAKES DRIVE W **7900 MIAMI LAKES DRIVE W**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI LAKES, FL **MIAMI LAKES, FL**

4. FEI Number **59-1083439** Applied For
 Not Applicable

Zip Country Zip Country
33016 USA **33016**

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.) **01/19/02** (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BIALY, KENNETH S 7900 MIAMI LAKES DR WEST MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDS BRAFMAN, HOWARD J. 7900 MIAMI LAKES DR., W. MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BARTELMO, THOMAS 7900 MIAMI LAKES DR WEST 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 NAME STREET ADDRESS CITY-ST-ZIP	AS GLICK, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBOW, CHERYL 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST 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* **SIGNATURE REQUIRED** **THOMAS BARTELMO, SVP** **01/14/02** **305-364-4106**
 Date Daytime Phone #

CR2E034 (9/01)