

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380456

1. Entity Name

THE PLACE INVESTMENT, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90078 009 ***150.00

Principal Place of Business

Mailing Address

C/O HOWARD J. BRAFMAN
 7900 MIAMI LAKES DR. W.
 HIALEAH FL 33016-5812

C/O HOWARD J. BRAFMAN
 7900 MIAMI LAKES DR. W.
 HIALEAH FL 33016-5816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1354410

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAFMAN, HOWARD J.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CDP
KISLAK, JAY I.
7900 MIAMI LKS DR. W.
MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DSVP
BRAFMAN, HOWARD J
7900 MIAMI LKS DR. W.
MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DSVPS
BRAFMAN, HOWARD J.
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES, FL 33016

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SVPT
BARTELMO, THOMAS
7900 MIAMI LAKES DR. W
MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP
SCHWARZ, EDWARD K
7900 MIAMI LAKES DR., W
MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ASV
FENELLO, CAROL A.
7900 MIAMI LAKES DR., W
MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

AS
JELIN, SIMA K
1000 HWY 9
WOODBRIDGE NJ

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:

Howard J. Brafman

March 31, 2000

(305) 364-4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)