FILED

Feb 04, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

380456 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90130 035 ***150.00 THE PLACE INVESTMENT, INC. Principal Place of Business Mailing Address C/O HOWARD J. BRAFMAN C/O HOWARD J. BRAFMAN 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR. W. HIALEAH FL 33016-5812 HIALEAH FL 33016-5812 2. Principal Place of Business 3. Mailing Address 7900 MIAMI LAKES DRIVE W 7900 MIAMI LAKES DRIVE W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1354410 MIAMI LAKES, FL MIAMI LAKES, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33016 **USA** Fee Required 33016 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTY BRAFMAN, HOWARD J. 7566 MIAMIO PAKES DRIVE (WEST) 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016 Z33046 MYAMI LAKES a 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 if applicable. (NOTE: Registered Agent signature required when reinstating) **RODRIGUEZ** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intang 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01)CDP ☐ Addition ☐ Change ☐ Delete TITLE TITLE KISLAK, JAY I. NAME NAME CR2E034 7900 MIAMI LKS DR. W. STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition DSVP TITLE Brafman, Howard J NAME NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LKS DR. W. CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP DSVPT X Change ☐ Addition SVPT ☐ Delete TITLE TITLE BARTELMO, THOMAS NAME BARTELMO, THOMAS NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL <u>MIAMI LAKES FL 33016</u> ☐ Change Addition AS Delete TITLE TITLE LUBOW, CHERYL JELIN, SIMA K NAME NAME STREET ADDRESS 1000 HWY 9 STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP WOODBRIDGE NJ MIAMI LAKES FL 33016 Addition ☐ Change TITLE Delete TITLE RODRIGUEZ, CHRISTY NAME NAME 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 ☐ Delete TITLE : Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

THOMASUBARTER MONITERIOR GAVE CE CERRESTOENT

changed, or on an attachment with an address, with all other like empowered

01/4/02

305-364-4106

Daytime Phone #