## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2001 8:00 am Secretary of State DOCUMENT # 549642 1. Entity Name J.I. KISLAK REALTY CORP. 03-05-2001 90345 028 \*\*\*150.00 Mailing Address Principal Place of Business C/O HOWARD J. BRAFMAN, ESO. C/O HOWARD J. BRAFMAN. ESQ. A0027922 7900 MIAMI LAKES DR W. 7900 MIAMI LAKES DR W. MIAMI LAKES FL 33016-5897 MIAMI LAKES FL 33016-5897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1770619 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Brafman, Howard J. Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition DSVP ☐ Delete TITLE Change TITLE BRAFMAN, HOWARD J. NAME NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR W CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33016 ☐ Addition CDP ☐ Change TITLE ☐ Delete TITLE KISLAK, JAY I NAME NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR W CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Change ☐ Addition SVPT ☐ Delete TITLE BARTELMO, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR WEST CITY STEZIP CITY-ST-ZIP MIAMI LAKES FL TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. (305) 364-4213 SIGNATURE: VATURE AND TYPED OR PINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD J. BRAFMAN, SENIOR VICE PRESIDENT

CITY-ST-ZIP

CITY-ST-7IP

**FILED**