

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826303

1. Entity Name
J.I. KISLAK INSURANCE AGENCY, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90345 029 ***150.00

Principal Place of Business Mailing Address
% HOWARD J.BRAFMAN % HOWARD J.BRAFMAN
7900 MIAMI LAKES DRIVE, WEST 7900 MIAMI LAKES DRIVE, WEST
MIAMI LAKES FL 33016-2897 MIAMI LAKES FL 33016-2897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-1406735		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRAFMAN, HOWARD J. 7900 MIAMI LAKES DRIVE, WEST MIAMI LAKES FL 33016				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 _____ (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. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
--	--	---	--	---	--	------------------------------------	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLOCK, EMMETT R			NAME	BARTELMO, THOMAS		
STREET ADDRESS	7900 MIAMI LAKES DR W			STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP	MIAMI LAKES, FL 33016		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAFMAN, HOWARD J.			NAME			
STREET ADDRESS	7900 MIAMI LAKES DR. W.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE	CPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISLAK, JAY I.			NAME			
STREET ADDRESS	7900 MIAMI LAKES DR. W.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 03/01/01 (305) 364-4213
HOWARD J. BRAFMAN, SENIOR VICE PRESIDENT Date Daytime Phone #

CR2E034 (10/00)