

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90037 009 ***158.75

DOCUMENT # G13874

1. Entity Name

KISLAK FINANCIAL CORPORATION

Principal Place of Business

**7900 MIAMI LKS DR W.
 ATTN: KNB ACCTG. DEPT.
 MIAMI LKS FL 33016**

Mailing Address

**7900 MIAMI LKS DR W.
 ATTN: KNB ACCTG. DEPT.
 MIAMI LKS FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2243286

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, JACK
 7900 MIAMI LAKES DR. W.
 MIAMI FL 33026**

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, 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	D	<input type="checkbox"/> Delete
NAME	KISLAK, JAY I	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D V	<input type="checkbox"/> Delete
NAME	BIGGS, WILLIAM	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	KISLAK, JONATHAN	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRAFMAN, HOWARD	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

S
THOMAS BARTELMO
7900 MIAMI LAKES DR WEST
MIAMI LAKES, FL 33016

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:

SIGNATURE REQUIRED

1/25/2002

305 364-4230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #