

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90113 026 ***150.00

DOCUMENT # G67046

1. Entity Name
PAPILLON INVESTMENT, INC.

Principal Place of Business
C/O HOWARD J. BRAFMAN. ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-5897

Mailing Address
C/O HOWARD J. BRAFMAN. ESQ.
7900 MIAMI LAKES DR. W.
MIAMI LAKES FL 33016-5897

2. Principal Place of Business
7900 MIAMI LAKES DRIVE W

3. Mailing Address
7900 MIAMI LAKES DRIVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number **59-2328116**

Applied For
☐ **Not Applicable**

Zip
33016

Country
USA

Zip
33016

Country
USA

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

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

Name
RODRIGUEZ, CHRISTY

Street Address (P.O. Box Number is Not Acceptable)
7900 MIAMI LAKES DRIVE WEST

MIAMI LAKES

FL

Zip **33016**

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 *Christy Rodriguez*
 Signature, type or print name **CHRISTY RODRIGUEZ, AVP**

(NOTE: Registered Agent signature required when reinstating)

1/10/02
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **KISLAK, JAY I.**
STREET ADDRESS **7900 MIAMI LAKES DR. W.**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **CDP** ☒ Change ☐ Addition
NAME **KISLAK, JAY I.**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **DSVP** ☒ Delete
NAME **BRAFMAN, HOWARD**
STREET ADDRESS **7900 MIAMI LAKES DR. W.**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPT** ☐ Delete
NAME **BATELMO, THOMAS**
STREET ADDRESS **7900 MIAMI LAKES DR., W**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DSVPT** ☒ Change ☐ Addition
NAME **BATELMO, THOMAS**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **PCOO** ☒ Delete
NAME **KISLAK, JONATHAN**
STREET ADDRESS **7900 MIAMI LAKES DR., W**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **S** ☐ Change ☒ Addition
NAME **LUBOW, CHERYL**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AVP** ☐ Change ☒ Addition
NAME **RODRIGUEZ, CHRISTY**
STREET ADDRESS **7900 MIAMI LAKES DRIVE WEST**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02
 Date

305-364-4106
 Daytime Phone #

CR2E034 (9/01)