DOCUMENT # L84601 1. Entity Name J.I. KISLAK REALTY INVESTMENTS, INC.					Apr 13, 2000 8:00 am Secretary of State 04-13-2000 90086 017 ***150.00					
Principal Plac	e of Business	Mailing Address								
		HOWARD BRAFMAN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5816 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SF	PACE		
City & State		City & State		4.	FEI Number	65-0205268			plied For t Applicable	-
Zip Country		Zip	Country		Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current R	egistered Agent			Name and A	ddress of New Re	egistered Ag	jent]
			Nam	ne						
BRAFMAN, HOWARD, J 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016			Stree	Street Address (P.O. Box Number is Not Acceptable)					1	
			City				FL	Zip Cod	e	1
Tax filing r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.		!!! FEE IS \$1 100 Fee will be	e \$550.00	10. Elect	ion Campaign Fine Fund Contribution			0 May Be to Fees	 -
11.	OFFICERS AND E	DIRECTORS	12.	A	DITIONS/C	HANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS BRAFMAN, HOWARD J. 7900 MIAMI LAKES DR WEST MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				Change	Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP KISLAK, JAY I. 7900 MIAMI LAKES DR WEST MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				☐ Change	Addition	129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FENELLO, CAROL A 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016	⊠ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33106	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			i	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS				☐ Change	Addition	
indicated	certify that the information supplied with to on this report or supplemental report is reportation or the receiver or trustee emporential transfer or trustee emporential transfer or trustee emporential transfer or trustee	true and accurate and that r vered to execute this report	ny signature sh as required by	ali have the same	legal effect a	as if made under o	ath; that I an	n an officer	or director	

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED