2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

FILED DOCUMENT # N47502 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name THE KISLAK FAMILY FUND, INC. 04-13-2000 90076 021 ****61.25 Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5816 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -≻City & State City & State 4. FEI Number 65-0350930 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KISLAK, JAY I 7900 MIAMI LAKES DRIVE WEST 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Change ☐ Addition TITLE ☐ Delete TITLE KISLAK, JAY I NAME NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Addition Change DS □ Delete TITLE TITLE DS NAME KISLAK, JEAN NAME KISLAK, JEAN 720 N.E. 69TH STREET STREET ADDRESS 720 PALM BAY LANE APT 21W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL <u>33138</u> MIAMI FL 33138 Change Addition Delete TITLE TITLE n NAME NAME KISLAK, PAULA STREET ADDRESS STREET ADDRESS 3482 VISTA HAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP SHERMAN OAKS CA Change ☐ Addition DAS ☐ Delete TITLE TITLE NAME NAME KISLAK, PHILIP T STREET ADDRESS STREET ADDRESS 5180 NORTH SOLDIER TRAIL CITY-ST-ZIP CITY-ST-ZIP **TUCSON AZ** Change ☐ Addition TITLE □ Delete TITLE BARTEMO, THOMAS NAME NAME BARTELMO, THOMAS STREET ADDRESS STREET ADDRESS 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR., CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL 33016 <u>MIAMI LAKES, FL</u> ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

2000 (305) 364-4200 Date Daytime Phone #