2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # S68568** KISLAK LIMITED INVESTMENTS, INC. 02-06-2001 90334 035 ***150.00 Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0276947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAFMAN, HOWARD J. Street Address (P.O. Box Number is Not Acceptable) 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CPD Change Addition ☐ Delete TITLE TITLE NAME KISLAK, JAY I STREET ADDRESS 7900 MIAMI LAKES DR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Change DSVP TITLE ☐ Addition ☐ Delete DDE BRAFMAN, HOWARD J NAME NAME STREET ADDRESS 7900 MIAMI LAKES DR W STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL ☐ Addition TITLE Change □ Delete TITLE BARTELMO, THOMAS NAME NAME 7900 MIAMI LAKES DR WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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 1:1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SENIOR VICE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PHINTED NAME OF TED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 364-4213

Daytime Phone #