

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90166 047 ****61.25

DOCUMENT # 750306

1. Entity Name

GEORGE AND EVELYN GOLDBLOOM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**5660 COLLINS AVE.
 PH B
 MIAMI BEACH FL 33140**

**5660 COLLINS AVE.
 PH B
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1965603

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDBLOOM, GEORGE
 5660 COLLINS AVENUE, PH-B
 MIAMI BEACH FL 33140**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **GOLDBLOOM, GEORGE**
 STREET ADDRESS: **5660 COLLINS AVE PH B**
 CITY-ST-ZIP: **MIAMI BEACH FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VD** Delete
 NAME: **KORMAN, MARCEL**
 STREET ADDRESS: **490 ALEXANDRA CIRCLE**
 CITY-ST-ZIP: **FT LAUDERDALE FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **GOLDBLOOM, EVELYN**
 STREET ADDRESS: **5660 COLLINS AVE PH B**
 CITY-ST-ZIP: **MIAMI BEACH FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
GEORGE GOLDBLOOM 1/15/02 305 440-8188

CR2E037 (9/01)