

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/12



DOCUMENT # A98000001500	
1. Entity Name GOLDBLOOM FAMILY, LTD.	
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134-5105
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE
65-0868424

4. FEI Number APPLIED FOR		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
GOLDBLOOM, GARY 201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$833,300.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000054663 GOLDBLOOM FAMILY, INC. 201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134	STREET ADDRESS	
		CITY - ST - ZIP	100003208291--8
			-04/13/00--01130--004
			*****526.25 *****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	
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		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *George Goldbloom* **GEORGE GOLDBLOOM** 3/27/00 305/446-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)