

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F87453

1. Entity Name

LEONARD H. BLOOM, P.A.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90012 006 ***150.00

Principal Place of Business

Mailing Address

200 S BISCAYNE
STE 4750
MIAMI FL 33131
US

201 South Biscayne Boulevard
Suite 3000
Miami, Florida 33131

2. Principal Place of Business

3. Mailing Address

201 South Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3000

201 South Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3000

City & State

City & State

Miami, Fla.
Zip 33131 Country USA

Miami, Fla.
Zip 33131 Country U.S.A.

4. FEI Number

59-2195838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, LEONARD H
200 SOUTH BISCAYNE BLVD
STE 4750
MIAMI FL 33131

Name

Leonard H. Bloom

Street Address (P.O. Box Number is Not Acceptable)

201 South Biscayne Blvd. 201 S. Biscayne Bl

Suite 3000

Suite 3000

City

Miami

FL

Zip Code

33131

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.

233131

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STDP ☐ Delete
NAME BLOOM, LEONARD H
STREET ADDRESS 200 SOUTH BISCAYNE BLVD, STE 4750
CITY-ST-ZIP MIAMI, FL 00000 33131

TITLE STDP ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 S. Biscayne Blvd, Suite 3000
CITY-ST-ZIP Miami, Florida 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director Leonard H. Bloom

Date 4/28/00

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CR2E034 (9/99)