

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 014 ***150.00

DOCUMENT # F87453



1. Entity Name

LEONARD H. BLOOM, P.A.

Principal Place of Business

201 S BISCAYNE
STE 3000
MIAMI FL 33131
US

Mailing Address

201 S BISCAYNE
STE 3000
MIAMI FL 33131
US

14012407



MOORE CR2E034 (11/03)

2. Principal Place of Business

One S.E. Third Ave.

Suite, Apt. #, etc.
Suite 2500

3. Mailing Address

1000 SW 75th Ave

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

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

BLOOM, LEONARD H
201 SOUTH BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Leonard H. Bloom

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

1000 SW 75th Ave

City

Miami

FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leonard H. Bloom

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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:

Leonard H. Bloom Leonard H. Bloom, Pres. 4/13/04 (305)666-0354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #