

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75256

1. Entity Name

BLOOMX INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90009 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1450 NW 82ND AVE  
P.O. BOX 52-7862  
MIAMI FL 33126  
US

1450 NW 82ND AVE  
P.O. BOX 52-7862  
MIAMI FL 33126-1508  
US

816002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1450 N.W. 82

1450 N.W. 82ND AVE.-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 52-7862

P.O. BOX 52-7862

City & State

City & State

MIAMI, FLA.

MIAMI, FLA.

4. FEI Number

65-0123601

Applied For

Not Applicable

Zip

Country

33126

E.U.

Zip

Country

33126

E.U.

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

ROVIROSA, VIVIAN P.  
1450 NW 82ND AVE  
MIAMI FL 33126

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

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	P	<input type="checkbox"/> Delete
NAME	ROVIROSA, VIVIAN P	
STREET ADDRESS	1450 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROVIROSA, RENE F	
STREET ADDRESS	1450 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*

FEBRUARY 14, 2000 = (305) 594-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)