

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90042 004 \*\*\*\*50.00

**DOCUMENT # L02000021265**

1. Entity Name

**BARBARA BLOOM, PH.D, P.L.**



Principal Place of Business

Mailing Address

**11430 NORTH KENDALL DRIVE, SUITE 107  
MIAMI FL 33176**

**11430 NORTH KENDALL DRIVE, SUITE 107  
MIAMI FL 33176**

**20023897**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**9485 S.W. 72<sup>ND</sup> ST**

Suite, Apt. #, etc.

**A202**

3. Mailing Address

**9485 S.W. 72<sup>ND</sup> ST**

Suite, Apt. #, etc.

**A202**

City & State

**MIAMI, FL 33176**

City & State

**MIAMI, FL 33176**

4. FEI Number

**262 029941**

Applied For

Not Applicable

Zip

**33173**

Country

Zip

**33173**

Country

5. Certificate of Status Desired. ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOOM, KENNETH M  
1110 BRICKELL AVENUE, 7TH FLOOR  
MIAMI FL 33131**

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

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 \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **BLOOM, BARBARA PH.D.**  
CITY-ST-ZIP **11430 NORTH KENDALL DRIVE, SUITE 107  
MIAMI FL 33176**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9485 S.W. 72<sup>ND</sup> ST. STE A202**  
CITY-ST-ZIP **MIAMI, FL 33173-3228**

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 ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Barbara Bloom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/29/03 305-665-453**

CR2E083 (10/02)