

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000004118
 1. Entity Name
BLOOM, GETTIS FINANCIAL SERVICES, LLC

FILED

01 APR 27 PM 6:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 MIAMI FL 33133-9893
 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 MIAMI FL 33133-9893



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number **65-0940561**
 APPLIED FOR Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BLOOM, GETTIS, HABIB, SILVER & TERRONE, PA
 2601 SOUTH BAYSHORE DRIVE, SUITE 1450
 MIAMI FL 33133-9893

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NO. WITH FEE IS \$50.00~~
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGRM BLOOM, BURT R STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete
TITLE NAME MGRM GETTIS, LAWRENCE W STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete
TITLE NAME MGRM HABIB, STEVEN STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete
TITLE NAME MGRM SILVER, MICHAEL A STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete
TITLE NAME MGRM TERRONE, ROGER J STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete
TITLE NAME MGRM ROSNER, CURT A STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 CITY-ST-ZIP MIAMI FL 33133-9893	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Burt R. Bloom 4/2/01 305.858.6211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)