

2001 UNIFORM BUSINESS REPORT (UBR)

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 2601 SOUTH BAYSHORE DRIVE, SUITE 1450
MIAMI FL 33133-9893 MIAMI FL 33133-9893

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0940561 APPLIED FOR

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, GETTIS, HABIB, SILVER & TERRONE, PA
2601 SOUTH BAYSHORE DRIVE, SUITE 1450
MIAMI FL 33133-9893

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

FILE NO. W111 FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004220859-6 -05/16/01--01120--004 *****50.00 *****50.00	<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
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

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: *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 #

0000096 AF

CR2E083 (11/00)