

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000004118**

1. Entity Name

BLOOM, GETTIS FINANCIAL SERVICES, LLC**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91213 046 ****50.00

000713

Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 MIAMI FL 33133-9893	Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 1450 MIAMI FL 33133-9893
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940561		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

Date

Daytime Phone #

CR2E083 (9/01)