

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2000 8:00 am  
Secretary of State**

02-01-2000 90092 019 \*\*\*150.00

**DOCUMENT # M64771**

1. Entity Name

**PAUL M. BLOOMGARDEN, P.A.**

Principal Place of Business

**BARNETT MORTGAGE CENTER SU.100A  
8551 W. SUNRISE BLVD. SUITE 208  
FT. LAUDERDALE FL 33322**

Mailing Address

**BARNETT MORTGAGE CENTER SU.100A  
8551 W.SUNRISE BLVD.  
FT. LAUDERDALE FL 33322-4007**

2. Principal Place of Business

**8551 W. Sunrise Blvd.**

3. Mailing Address

**8551 W. Sunrise Blvd.**

Suite, Apt. #, etc.

**Suite 208**

Suite, Apt. #, etc.

**Suite 208**

City &amp; State

**Ft. Lauderdale, FL**

City &amp; State

**Ft. Lauderdale, FL**

4. FEI Number

**65-0042969**

Applied For

Not Applicable

Zip

**33322**

Country

**USA**

Zip

**33322**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M.  
8551 W. SUNRISE BLVD.  
SUITE 208  
FT. LAUDERDALE FL 33322**

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>BLOOMGARDEN, PAUL M.</b>	
STREET ADDRESS	<b>8551 W.SUNRISE SU.100A</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOOMGARDEN, PAUL M.</b>	
STREET ADDRESS	<b>8551 W. Sunrise Blvd., #208</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33322</b>	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:****PAUL M. BLOOMGARDEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

954-370-2222

Daytime Phone #