

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008519

1. Entity Name

ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDA

Principal Place of Business

4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

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

65-1065543

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELTZER, ROBERT A  
4200 BISCAYNE BOULEVARD  
MIAMI FL 33137

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME BERGER, ADOLPH J  
STREET ADDRESS 3 GROVE ISLE DRIVE #801  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete  
NAME BERGER, HELENE  
STREET ADDRESS 3 GROVE ISLE DRIVE #801  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete  
NAME GERSON, GARY  
STREET ADDRESS 666 71ST STREET  
CITY-ST-ZIP MIAMI BEACH FL 33134

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

TITLE D ☐ Delete  
NAME SELTZER, ROBERT A  
STREET ADDRESS 4200 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☐ Delete  
NAME SOLOMON, JACOB  
STREET ADDRESS 4200 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☐ Delete  
NAME BLOOM, ELAINE  
STREET ADDRESS 5255 COLLINS AVENUE #3-J  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 305-576-4000

Date

Daytime Phone #

CR2E037 (10/00)

0001C

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90484 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE