

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90056 001 ****70.00

0022212

DOCUMENT # N00000008519

1. Entity Name

ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business 4200 BISCAYNE BOULEVARD MIAMI FL 33137	Mailing Address 4200 BISCAYNE BOULEVARD MIAMI FL 33137
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1065543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ (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 <input type="checkbox"/> Delete
NAME	BERGER, ADOLPH J
STREET ADDRESS	3 GROVE ISLE DRIVE #801
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	BERGER, HELENE
STREET ADDRESS	3 GROVE ISLE DRIVE #801
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	GERSON, GARY
STREET ADDRESS	666 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	SELTZER, ROBERT A
STREET ADDRESS	4200 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	BLOOM, ELAINE
STREET ADDRESS	5255 COLLINS AVENUE #3-J
CITY-ST-ZIP	MIAMI BEACH FL 33140

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
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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	

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]* **SIGNATURE REQUIRED** 3/04/02 (305) 576-4000
 Date Daytime Phone #

CR2E037 (9/01)