

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90016 049 ***150.00

DOCUMENT # **206000018304**

1. Entity Name

In Bloom Wholesale Corp.

Principal Place of Business

**10701 SW 68 ST
 MIAMI, FL 33173**

Mailing Address

**P.O. Box 140516
 MIAMI, FL 33114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10701 SW 68 ST

Suite, Apt. #, etc.

P.O. Box 140516

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33114

Country

USA

4. FEI Number

65-0984939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

Ariel Menéndez - (President)

**10701 SW 68 ST
 MIAMI, FL 33173.**

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)

(President)

04-30-01

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!!!

**After MAY 1, 2001
 Make Check Payable**

FEE IS \$150.00

**Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **MARIANNA MORALES**
 CITY - ST - ZIP **10701 SW 68 ST MIAMI, FL 33173.**

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

TITLE ☐ Change ☐ Addition
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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:

(Signature) **ARIEL MENÉNDEZ**

04-30-01 (305) 7851676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2034 (11/00)