

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 017 ***150.00

DOCUMENT # P01000039986
1. Entity Name Bloom International, Inc.

001004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6001 Collins Ave
Suite, Apt. #, etc. Suite N
City & State Miami Beach, FL
Zip 33139 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-110052
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Leon Gallego
Street Address (P.O. Box Number is Not Acceptable) 6406 US 1 South
City St Augustine State FL Zip Code 32086

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 Leon Gallego Leon Gallego 4/30/02
Signature, typed or printed name of registered agent and title (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.
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President / Director / Vice President</u>
NAME	<u>Jorge Gallego</u>
STREET ADDRESS	<u>7601 E Treasure Dr #518</u>
CITY-ST-ZIP	<u>North Bay Village, FL 33141</u>
TITLE	<u>Secretary / Treasurer / Director</u>
NAME	<u>Allison Masters</u>
STREET ADDRESS	<u>7601 E Treasure Dr #518</u>
CITY-ST-ZIP	<u>North Bay Village FL 33141</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Allison Masters 4/30/02 (305) 673-2483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)