

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 007 ***150.00

DOCUMENT # P93000082422

1. Entity Name

BLOOMINGDALE RENTAL, INC.

Principal Place of Business

Mailing Address

3650 LITHIA PINECREST
 VALRICO FL 33594
 US

3650 LITHIA PINECREST
 VALRICO FL 33594-6305
 US

915544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3212693**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GERENA, MONICA
 4620 OAK RIVER CIR
 VALRICO FL 33594

Name **Kenneth Gerena**

Street Address (P.O. Box Number is Not Acceptable)

3650 Lithia Pinecrest Rd

City **Valrico**

FL **33594**

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

Kenneth Gerena

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GERENA, KENNETH J**
 STREET ADDRESS **3650 LITHIA PINECREST ROAD**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VP** ☒ Delete
 NAME **GERENA, MONICA**
 STREET ADDRESS **3650 LITHIA PINECREST ROAD**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Gerena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

813-684-407

Daytime Phone #