

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91186 004 ***150.00

DOCUMENT # P96000030036

1. Entity Name
BLOOMSPRESS, INC.

Principal Place of Business

3942 NE 171 ST
 N. MIAMI BCH FL 33160

Mailing Address

P O BOX 526564
 MIAMI FL 33152-6564

B0123797



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 NW 78th Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33126

Country

USA

Zip

Country

4. FEI Number

65-0742450

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMOWITZ, LARRY
 3942 NE 171 ST
 N. MIAMI BCH FL 33160

7. Name and Address of New Registered Agent

Name Larry Abramowitz

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

1231 101 St

City Bay Harbor Islands

FL

Zip Code

33154

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

Larry Abramowitz, President

01/10/02

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!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P**
 NAME **ABRAMOWITW, LARRY**
 STREET ADDRESS **3942 NE 171 ST**
 CITY-ST-ZIP **N. MIAMI BCH FL 33160** ☐ Delete

TITLE **D**
 NAME **PUERTO, ANTONIO**
 STREET ADDRESS **7024 SE HARBOR CIRCLE**
 CITY-ST-ZIP **STUART FL 34996** ☐ Delete

TITLE **D**
 NAME **FINVARB, SALOMON**
 STREET ADDRESS **3000 ISLAND BLVD. #2402**
 CITY-ST-ZIP **N. MIAMI BCH FL 33160** ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Larry Abramowitz**
 STREET ADDRESS **1231 101 St**
 CITY-ST-ZIP **Bay Harbor Island, FL 33154**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Abramowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

305-418-2298

Date

Daytime Phone

CR2034 (9/01)