## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9700034634 Feb 13, 2001 8:00 am 1. Entity Name Secretary of State BRADLEY A. GOLDBLOOM, P.A. 02-13-2001 90589 012 \*\*\*150.00 Principal Place of Business Mailing Address 200 S.E. 6TH STREET 200 S.E. 6TH STREET SUITE 201 SUITE 201 **TOOOT** FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address PLAZA ONE FINANCIAL PLAZA ONE FINANCIAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> 1615</u> 1615 City & State 4. FEI Number Applied For 65-0749063 AUOEROALE LAUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ iJSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDBLOOM =-GOLDBLOOM, BRADLEY A Street Address (P.O. Box Number is Not Acceptable) **200 SE 6TH ST** SUITE 201 FT LAUDERDALE FL 33301 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above a BRADLEY A. GOLDBLOOM SIGNATURE tle if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation s eligible to satistiv its in 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects Trust Fund Contribution. Added to Fees (Sec criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSTD **PSTD** CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE GOLDBLOOM, BRADLEY A. CHANGE L. GOLDBLOOM, BRADLEY A NAME NAME 200 S.E. 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33394 CITY-ST-ZIE FT LAUDERDALE FL 33301 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 justee employered 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 limit all other like expowered. changed, or on an attack **SIGNATURE:**