

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90145 013 \*\*\*150.00

**DOCUMENT # P97000099606**

1. Entity Name  
**BLOOMINGDALE MARKET, INC.**

Principal Place of Business

**203 SOUTH PARSONS AVE  
 BRANDON FL 33511**

Mailing Address

**8910 N. DALE MABRY  
 STE 37 & 38  
 TAMPA FL 33614**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**3906 APPLE TREE DR**

Suite, Apt. #, etc.

City & State

**VALRICO FL**

Zip

**33594**

Country

4. FEI Number **59-3484503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LUKOSE, STEPHEN  
 11102 BLOOMINGDALE AVE  
 RIVERVIEW FL 33809**

7. Name and Address of New Registered Agent

Name

**MATHEW KURIAN**

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

**3906 APPLE TREE DR**

City

**VALRICO**

FL

Zip Code

**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

*X mathe*

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	KURIAN, MATHEW	
STREET ADDRESS	<del>418 MARGOT COURT</del> <b>3906 APPLE TREE DR</b>	
CITY-ST-ZIP	<del>BRANDON FL 33511</del> <b>VALRICO FL 33594</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LUKOSE, STEPHEN M	
STREET ADDRESS	1706 SHADY LEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KURIAN, JOSEPH	
STREET ADDRESS	11102 BLOOMINGDALE AVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIZI MATHEW	
STREET ADDRESS	3906 APPLE TREE DR	
CITY-ST-ZIP	VALRICO FL-33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*X mathe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)