

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90010 017 \*\*\*150.00

**DOCUMENT # P99000009559**

1. Entity Name  
**BLOOMINGTON TRADING COMPANY, INC.**

Principal Place of Business

**1140 DOT DRIVE  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**1140 DOT DRIVE  
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**1909 HIBISCUS LANE**

3. Mailing Address

**1909 HIBISCUS LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MAITLAND FL**

City & State

**MAITLAND FL**

4. FEI Number

**11-3093065**

Applied For

Not Applicable

Zip

**32751**

Country

**USA**

Zip

**32751**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KHAN, MOZAFFER ALI  
 1140 DOT DRIVE  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name: **KHAN MOZAFFER ALI**

Street Address (P.O. Box Number is Not Acceptable)  
**1909 HIBISCUS LANE**

City **MAITLAND**

**FL**

Zip Code **32751**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P KHAN, MOZAFFER A 1140 DOT DRIVE ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MOHAMMADI, NORMAN A 220 LILAC LN BREA CA 92823</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KHAN MOZAFFER A. 1909 HIBISCUS LANE MAITLAND FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-24-02 407-862-4344**

Date

Daytime Phone #

CR2E034 (9/01)