MAR. 30. 2000 8:05AM SPORTS AUTHORITY HR

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90007 030 ***150.00

DOCUMENT # P99000065836

1. Entity Name
THE BLOOMFIELD RESOURCE GROUP INC.

Principal Place of Business	Mailing Address
965 N NOB HILL RD #169 PLANTATION FL 33322	~~965 N NOB HILL RD #169 PLANTATION FL 33324-1078~~ 1091 NW 101 WAY Plantation Fla 33322

2. Principal Place of Business	3. Mailing Address
	1091 NW 101 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Plantation Fla
Zip / Country	Zip: 33322 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0933022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDFARB, KAREN
965 N NOB HILL RD #169
PLANTATION FL 33322

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/28/00
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, 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

TITLE	PD	☐ Delete
NAME	GOLDFARB, KAREN SUE	
STREET ADDRESS	965 N. NOB HILL ROAD #169	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	☐ Delete
NAME	GARCIA, JOSE L	
STREET ADDRESS	965 N. NOB HILL ROAD #169	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #