

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90115 006 ***158.75

DOCUMENT # P99000082338

1. Entity Name
BLOOMING CORPORATION

Principal Place of Business

~~20355 N.E. 34TH CT., APT. 722~~
~~MIAMI FL 33180~~

Mailing Address

~~20355 N.E. 34TH CT., APT. 722~~
~~MIAMI FL 33180~~

2. Principal Place of Business

20864 NE 32 Ave.

3. Mailing Address

20864 NE 32 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33180-3654 Dade

Zip

Country

33180-3654 Dade

6. Name and Address of Current Registered Agent

MOSQUERA, JOAQUIN

~~20355 N.E. 34TH CT., APT. 722~~
~~MIAMI FL 33180~~

Name

Street Ac

City

7. Name and Address of New Registered Agent

Joaquin Mosquera

20864 NE 32 Ave.

Miami, FL 33180-3654

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, 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, 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 **D** ☐ Delete
NAME **MOSQUERA, JOAQUIN**
STREET ADDRESS **20864 N.E. 34TH CT., APT. 722**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **D** ☐ Change ☐ Addition
NAME **Joaquin Mosquera**
STREET ADDRESS **20864 NE 32 Ave.**
CITY-ST-ZIP **Miami, FL 33180-3654**

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

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

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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:

Joaquin Mosquera President

01-13-01

305-936 1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

check # 1358 - UNIBANK

CR2E034 (10/00)

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