REINSTATEMENT FORM 2001 UNFORM BUSINESS REPORT (UBR)

STF FL32381F.1

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DOCUI 1. Entity Nan	MENT # P9900011 ne	1220	,a ·	5		FILED Apr 29, 2002 8:00 A Secretary of State			
	LOOM MANAGEMENT,	INC.				Secretar	y of State		
,	ce of Business	Mailing Address					•		
5931 N Miami	. Bay Road Beach, Fl 33140	5931 N. Bay Miami Beach	Roa , F	ad L 331	40				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State				El Number 5-0986762	Applied For Not Applicable		
Zip Country		Zip	Cou			Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Registe	red Agent		
				Name	خمود د		and the second second second second		
Chee-A	wai, Camille J.		~ ~~≈	Street Ac	idress (P.O.	Box Number is Not Acceptable)			
	. Bay Road Beach, Fl 33140								
MIAMI	Seach, FI 33140			City			FL Zip Code		
8. The above	named entity submits this statemen	t for the purpose of changin	g its reg	stered offic	e or register	red agent, or both, in the State of FI	orida.		
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		2 3 3 3 3 3 4 6 6 6	04/24/20		
· · ·	Signature, typed or printed name of regis	tered agent and title if applicable	≩. (NOTE: Regis	tered Agent s	ignature required when reinstating)	DATE		
9. This corpo Tax filing re (See criter	ration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Payab	01 Fee	will be \$5	50.00	10. Election Campaign FinancingTrust Fund Contribution.	Addéd to Fees		
11.	OFFICERS AND I		12.		ADDIT	IONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11		
TITLE NAME	D Chee-Awai, Cami	lle J.	TITLE				AND DIRECTORS IN 11 Change Addition (1)(0) 11(0)		
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13. I hereby ce information officer or di in Block 11	rtify that the information supplied wit indicated on this report or supplem rector of the corporation or the recor or Block 12 if changed or on an attention	ental report is true and accu ver or trustee empowered to	for the e rate and execut	xemption so that my sign	gnature shall t as required	have the same legal effect as if mail by Chapter 607, Florida Statutes; a	ade under oath: that I am an I		
SIGNAT		O OR PRINTED NAME OF SIGN	ING OFF	ICER OR DII	RECTOR	04/02/02 Date	Davtime Phone #		

Date

Daytime Phone #

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Principal F	Place of Business	3. Mailing Address		į	,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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Only a Oral		City & State			65-0986762		Applied For Not Applicable	
Zip	Country	Zip	Coun	itry	Certificate of Status Desired	\$8.	75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	— ⊢ee	Required	
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нее≛ат	WAI, CAMILLE J			Street Addres	is (P.O. Box Number is Not Accep	table)		
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				City		FL	Zip Code	
. The above	named entity submits this statemen	t for the purpose of chang	jing its regist	tered office or	registered agent, or both, in the S	tate of Florida.		
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IGNATURE							2/02	
	Signature, typed or printed name of regis	tered agent and title if applica	ible. (NO	OTE: Registered	Agent signature required when reinsta	ting) DATE		
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	I ertify that the information supplied wi	th this filing does not qualit			Lin Section 119 07/3\/i\ Elecido S	ratutae further	artificthat the	
information	n indicated on this report or supplem	ental report is true and acc	curate and th	hat my signatu	re shall have the same legal effec	t as if made unde	r oath: that I am an	
in Block 11								
	or Block 12 if changed, of on an att	i ver o r trustee empowered achment with a n address.	I to execute t with all othe	this report as r r like empowe	equired by Chapter 607, Florida S ired.	tatutes; and that	my name appears	
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STF FL32381F.1



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2002

CARI BLOOM MANAGEMENT, INC. **5931 N. BAY ROAD** MIAMI BEACH, FL 33140

SUBJECT: CARI BLOOM MANAGEMENT, INC.

Ref. Number: P99000111220

We have received your document for CARI BLOOM MANAGEMENT, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. Our records indicate the 2001 annual report/uniform business report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required (s \$300.00.) Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 302A00022875

04/23/02 total Enclosed 300 on Plus Romstatement Form FOR 2002 & NEWBURL FOR 2002