

REINSTATEMENT FORM

Page 1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111220

1. Entity Name

CARI BLOOM MANAGEMENT, INC.

Principal Place of Business Mailing Address
5931 N. Bay Road 5931 N. Bay Road
Miami Beach, FL 33140 Miami Beach, FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Chee-Awai, Camille J.
5931 N. Bay Road
Miami Beach, FL 33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/02

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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Chee-Awai, Camille J.
STREET ADDRESS 5931 N. Bay Road
CITY - ST - ZIP Miami Beach, FL 33140 ☐ Delete

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/02

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000111220

1. Entity Name

CARI BLOOM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5931 N. BAY ROAD WMIAMI BEACH, FL 33140	5931 N. BAY ROAD MIAMI BEACH, FL 33140

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0986762 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

CHEE-AWAI, CAMILLE J
5931 N. BAY ROAD
MIAMI BEACH, FL 33140

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CHEE-AWAI, CAMILLE J ☐ Delete
STREET ADDRESS 5931 N. BAY ROAD
CITY - ST - ZIP MIAMI BEACH, FL 33140

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

TITLE NAME ☐ Delete
STREET ADDRESS
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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

305-466-9795

Daytime Phone #

CR2E034 (11/00)



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

Admin
DISS

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 is \$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 300.00 plus Reinstatement
Form for 2002 + Renewal for 2002

Thanks!