

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90098 049 \*\*\*150.00

DOCUMENT # S80330

1. Corporation Name

BLOOM, GETTIS, HABIB, SILVER & TERRONE, P.A.

Principal Place of Business  
2601 S. BAYSHORE DRIVE  
SUITE 1450  
MIAMI FL 33133

Mailing Address  
2601 S. BAYSHORE DRIVE  
SUITE 1450  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

65-0286987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOM, BURT  
2601 S. BAYSHORE DRIVE  
SUITE 1450  
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME BLOOM, BURT  
STREET ADDRESS 2601 S. BAYSHORE DR., #1450  
CITY-ST-ZIP MIAMI FL 33133

TITLE VD  
NAME GETTIS, LAWRENCE  
STREET ADDRESS 2601 S. BAYSHORE DR., #1450  
CITY-ST-ZIP MIAMI FL 33133

TITLE TD  
NAME HABIB, STEVEN  
STREET ADDRESS 2601 S. BAYSHORE DR., #1450  
CITY-ST-ZIP MIAMI FL 33133

TITLE SD  
NAME TERRONE, ROGER  
STREET ADDRESS 2601 S. BAYSHORE DR., #1450  
CITY-ST-ZIP MIAMI FL 33133

TITLE D  
NAME ROSNER, CURT A  
STREET ADDRESS 2601 S. BAYSHORE DRIVE, 1450  
CITY-ST-ZIP MIAMI FL 33133

TITLE DVP  
NAME SILVER, MICHAEL A.  
STREET ADDRESS 2601 S. BAYSHORE DRIVE, 1450  
CITY-ST-ZIP MIAMI FL 33133

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*BURT BLOOM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

305.858-6211

Daytime Phone #

01935

CR2E034 (1/1/98)