

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V71445** (3)

1. Corporation Name:

BERNARD N. BLOOM, INC.



Principal Place of Business

**C/O LAW OFFICES DAVID HARRIS SINGER
13320 SW 128TH ST.
MIAMI FL 33186**

Mailing Address

**C/O LAW OFFICES DAVID HARRIS SINGER
13320 SW 128TH ST.
MIAMI FL 33186**

2. Principal Place of Business

21 **9790 SW 212st**

Suite, Apt. #, etc.

22 City & State

23 **MIAMI FLA**

24 Zip

33186

Country

USA

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

USA

9. Name and Address of Current Registered Agent

**SINGER, DAVID HARRIS
13320 SW 128TH ST.
MIAMI FL 33186**

3. Date Incorporated or Qualified

10/12/1992

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0374520

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0632 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 of person performing the filing (not required for electronic filing)

Signature of Registered Agent (Signature required when filing online)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BLOOM, BERNARD N.**
STREET ADDRESS **9790 SW 212TH ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-94

305 235-5825

CR2E034 (12/95)