

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90088 041 ***158.75

DOCUMENT # P01000092241

1. Entity Name

RPM RESTAURANTS, INC.

Principal Place of Business

~~21800 S.W. 154TH AVENUE~~
~~MIAMI FL 33170~~

Mailing Address

~~21800 S.W. 154TH AVENUE~~
~~MIAMI FL 33170~~

CHANGE OF ADDRESS

PETE MAY

Principal Place of Business

OUTBACK STEAKHOUSE

3. Mailing Address

2760 BEAGLE PATHWAY

Suite, Apt. #, etc.

2202 N. WESTSHORE-5TH FL

Suite, Apt. #, etc.

PAUM HARBOR, FLA

City & State

TAMPA, FLORIDA

City & State

4. FEI Number

05-1145199

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY, PETE

~~21800 S.W. 154TH AVENUE~~
~~MIAMI FL 33170~~

7. Name and Address of New Registered Agent

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.

3/12/02

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, 2002 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 **ROBIN MAY** ☐ Delete
NAME **2760 BEAGLE PATHWAY**
STREET ADDRESS **PAUM HARBOR, FL 34683**
CITY-ST-ZIP

TITLE **PRESIDENT, TREASURER** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PETE MAY** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES, SECRETARY** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 a address, with all other like empowered.

SIGNATURE: **Robin May**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date

7272243612
Daytime Phone #

CR2E034 (9/01)