

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90130 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000025381

1. Entity Name
**THE ORIGINAL ABORIGINAL OUTBAK, WALKERS
INCORPORATED**



Principal Place of Business
~~XXXXXXXXXX~~ US
Mailing Address
~~XXXXXXXXXX~~ US

2. Principal Place of Business
2121 Ponce De Leon Blvd.
3. Mailing Address
2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.
430

City & State
Coral Gables, FL

Zip Country
33134 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0504995
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEFABIO, GEORGE J
2121 PONCE DE LEON BLVD.
STE. #430
CORAL GABLES, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BISHOP, LEE**
STREET ADDRESS ~~XXXXXXXXXX~~ **2121 Ponce de Leon Blvd**
CITY-ST-ZIP ~~XXXXXXXXXX~~ **Coral Gables 33134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/03
Date

(305) 448-7200
Daytime Phone #

CR2E034 (10/02)