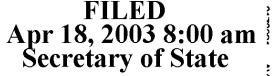
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P97000051327 DOCUMENT #



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1. Entity Name 04-18-2003 90127 048 \*\*\*150.00 BLOOMIN FLOWERS, INC. Principal Place of Business Mailing Address 1951 NW 180TH WAY 1951 NW 180TH WAY PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0759843 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBIN, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 1951 NW 180TH WAY PEMBROKE PINES FL 33029 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition RUBIN, LAWRENCE NAME NAME 1951 NW 180TH WAY STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete \_ TITLE \_\_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee em changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

Change

☐ Addition