

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91289 019 ***150.00

DOCUMENT # P97000066030
 1. Entity Name
BLOOMIN' BASKETS, INC.

Principal Place of Business Mailing Address
 109 CAMILO AVENUE 109 CAMILO AVENUE
 CORAL GABLES, FL CORAL GABLES, FL
 33134 33134-7228

A0067832

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1109 SEVILLA AVENUE Suite, Apt. #, etc.		3. Mailing Address 1109 SEVILLA AVENUE Suite, Apt. #, etc.		4. FEI Number 65-0771641	Applied For Not Applicable
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33134	Country MIAMI	Zip 33134	Country MIAMI		

6. Name and Address of Current Registered Agent HUNT, CAROL 109 CAMILO AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name HUNT, CAROL A. Street Address (P.O. Box Number is Not Acceptable) 1109 SEVILLA AVENUE City CORAL GABLES FL Zip Code 33134	
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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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$650.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, CAROL A. 109 CAMILO AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1109 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HUNT, CAROL A. 109 CAMILO AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1109 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol A. Hunt* CAROL A. HUNT 04/27/01 305-443-2182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)