

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P36422**

1. Entity Name

BOULEVARD SHOPPES AKTIEBOLAG, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90042 031 ***150.00

Principal Place of Business 1541 PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34952	Mailing Address 1541 PORT ST. LUCIE BOULEVARD SUITE A PORT ST. LUCIE FL 34952-5456
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0112438**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MECCA, JACK A
1541 S.E. PORT ST. LUCIE BLVD.
STE. #A
PORT ST. LUCIE FL 34952****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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT VESTERLUND, STIG FLYHAMNSVAGEN 24 TABY, SWEDEN	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MECCA, JACK 2022 SE ALLAMANDA DR PORT ST LUCIE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCD HJELM, IVAN NEDRA SLOTTSGATAN 6 75220 UPPSALA, SWEDEN	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSSON, GORAN DROTTNING - FATAN 85 STOCKHOLM, SWEDEN	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 an address, with all other like empowered.

SIGNATURE:*Jack Mecca*
Jack Mecca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Managing Director*
Jan 21, 2000 561 335-1111
Date Daytime Phone #