

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046451

1. Entity Name

BOARD'S ENTERTAINMENT, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90167 049 ***150.00

Principal Place of Business

9810 NW 80TH AVE SUITE 80
HIALEAH GARDENS FL 33016

Mailing Address

9810 NW 80TH AVE SUITE 80
HIALEAH GARDENS FL 33016

2. Principal Place of Business

3. Mailing Address

10031 PINES BLVD.

10031 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

240

240

City & State

PENBROKE PINES, FL

City & State

PENBROKE PINES

Zip

33024

Country

U.S.A.

Zip

33024

Country

U.S.A.

4. FEI Number

65-1007085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MANUEL
352 LAKESIDE COURT
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

MANUEL LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

183 E. RIVER BEND DR.

City

SUNRISE

FL

Zip Code

33326

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

1/23/01

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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	LOPEZ, MANUEL	
STREET ADDRESS	352 LAKESIDE COURT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	APARICIO DE LOPEZ, ANA	
STREET ADDRESS	352 LAKESIDE COURT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL LOPEZ	
STREET ADDRESS	183 E. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA APARICIO DE LOPEZ	
STREET ADDRESS	183 E. RIVERBEND DR.	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL LOPEZ

Date

1/23/01

Daytime Phone #

(954) 6590182

CR2E034 (10/00)