

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90490 030 ***150.00

DOCUMENT # P00000046451

1. Entity Name

BOARD'S ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16660 Saddle Club Rd.

Suite, Apt. #, etc.

3. Mailing Address
183 E. Riverbend Dr.

Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Sunrise, FL

4. FEI Number
65-1007085

Applied For
Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lopez, Manuel

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

183 E. Riverbend Dr.

City
Sunrise, FL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25**

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 NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Lopez, Manuel 183 E. Riverbend Dr. Sunrise, FL 33326			
Aparicio De Lopez, Ana 183 E. Riverbend Dr. Sunrise, FL 33326			
			DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like employed.

SIGNATURE:

Manuel Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-03

954-389-6355

Date

Daytime Phone #