

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000073369

1. Entity Name
DOMINIC BOULANGER, INC.



Principal Place of Business
**113 N FEDERAL HWY
DANIA BEACH, FL 33004**

Mailing Address
**P O BOX 1711
DANIA BEACH, FL 33004**

2. Principal Place of Business
10496 NW 50 St.
Suite, Apt. #, etc.

3. Mailing Address
10496 NW 50 St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sunrise, FL
Zip
33351 Country
USA

City & State
Sunrise, FL
Zip
33351 Country
USA

4. FEI Number
65-1048485

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ADAMS, GERALD J
113 N FEDERAL HWY
DANIA BEACH, FL 33004**

7. Name and Address of New Registered Agent

Name **Dominic Boulanger**
Street Address (P.O. Box Number is Not Acceptable)
10496 NW 50 Street
City **Sunrise** FL Zip Code **33351**

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

(NOTE: Registered Agent Signature required when re-instating)

DATE **4/30/02**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BOULANGER, DOMINIC 113 N FEDERAL HWY DANIA BEACH, FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULANGER, DOMINIC 113 N FEDERAL HWY DANIA BEACH, FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10496 NW 50 STREET Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/30/03
Date

(954) 748-3808
Daytime Phone #

CR2E034 (10/02)