

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90874 026 \*\*\*150.00

**DOCUMENT # P01000081167**

1. Entity Name

**BOLSAM ENTERTAINMENT INC.**

Principal Place of Business

Mailing Address

**7211 NW 21ST STREET**  
**SUNRISE FL 33313**

**7211 NW 21ST STREET**  
**SUNRISE FL 33313**

37788



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1131997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELS, NATASHA**  
**7101 NW 20 COURT**  
**SUNRISE FL 33313**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**President** ☐ Delete  
**Leo Boland, Jr.**  
**7211 NW 21st St**  
**SUNRISE, FL 33313**

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**President** ☐ Change ☒ Addition  
**Leo Boland, Jr.**  
**7211 NW 21st St**  
**SUNRISE, FL 33313**

**Secretary** ☐ Change ☒ Addition  
**NATASHA Samuels**  
**7211 NW 21st St**  
**SUNRISE, FL 33313**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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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:

**Leo L. Boland Jr.** **4/29/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OR2E034 (9/01)