

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36422

1. Entity Name
BOULEVARD SHOPPES AKTIEBOLAG, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90022 030 ***150.00

Principal Place of Business Mailing Address
1541 PORT ST. LUCIE BOULEVARD 1541 PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34952 SUITE A
PORT ST. LUCIE FL 34952

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 98-0112438 Applied For
Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Mecca Jan 04, 2001 561 395-4640
Date Daytime Phone #

CR2E034 (10/00)