

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90021 007 ***150.00

DOCUMENT # P96000071816

1. Entity Name

BOULEVARD ENTERPLAY, INC.

Principal Place of Business

3731 N COUNTRY CLUB DR #127
AVENTURA FL 33180

Mailing Address

3731 N COUNTRY CLUB DR #127
AVENTURA FL 33180

2. Principal Place of Business

900 Colony Point Circle Bldg. #1 - Apt. #409

3. Mailing Address

900 Colony Point Circle Bldg. #1 - Apt. #409

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33026 Broward

Zip

33026 Broward

6. Name and Address of Current Registered Agent

MELAMED, MANUEL
3731 N COUNTRY CLUB DR #127
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: Manuel MELAMED
Street Address (P.O. Box Number is Not Acceptable): 900 Colony Point Circle Bldg. #1 - Apt. #409
City: Pembroke Pines, FL Zip Code: 33026

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, 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	DP	<input type="checkbox"/> Delete
NAME	MELAMED, MANUEL	
STREET ADDRESS	3731 N COUNTRY CLUB DR #127	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELAME, GARRY	
STREET ADDRESS	3731 N COUNTRY CLUB DR, #127	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURN, DIANA	
STREET ADDRESS	3731 N COUNTRY CLUB DR, #127	
CITY-ST-ZIP	AVENTURA FL	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAMED, Manuel	
STREET ADDRESS	900 Colony Point Circle Bldg. #1	
CITY-ST-ZIP	Pembroke Pines, FL. 33026 Apt. #409	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAMED, Garry	
STREET ADDRESS	900 Colony Point Circle Bldg. #1	
CITY-ST-ZIP	Pembroke Pines, FL. 33026 Apt. #409	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burn, Diana	
STREET ADDRESS	900 Colony Point Circle Bldg. #1	
CITY-ST-ZIP	Pembroke Pines, FL. 33026 Apt. #409	
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: Manuel MELAMED 4/16/2001 954-431-6257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)