

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90191 032 \*\*\*150.00

0539651 AV

**DOCUMENT # P98000104640**

**1. Entity Name**  
**BOULEVARD GOURMET CATERING, INC.**

**Principal Place of Business**  
**146 BENT TREE DRIVE**  
**PALM BEACH GARDENS FL 33418**

**Mailing Address**  
**146 BENT TREE DRIVE**  
**PALM BEACH GARDENS FL 33418**

**2. Principal Place of Business**

**3. Mailing Address**  
**9339 ALT AIA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LAKE PARK**

Zip

Country

Zip  
**33409**  
 Country  
**USA FL.**

**4. FEI Number** **NOT APPLICABLE**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEELE, W-T**  
**3300 PGA BLVD. STE. 300**  
**WEST PALM BEACH FL 33410**

**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**

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**

**TITLE**  
**D**  
**THIBAUT, DANY** ☐ Delete  
**146 BENT TREE DRIVE**  
**PALM BEACH GARDENS FL 33418**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Delete  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DANY THIBAUT**  
**9339 ALT AIA #14**  
**LAKE PARK FL 33409**

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

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

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

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ Change ☐ Addition  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 26-02**

Date

**561-630-3132**

Daytime Phone #

CR2E034 (9/01)