

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

DOCUMENT # **p9800010464D**

1. Entity Name

**BOULEVARD GOURMET CATERING**



FILED

03 JUN 23 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9339 ALT A1A**

3. Mailing Address

**9339 ALT A1A**

Suite, Apt. #, etc.

**14**

Suite, Apt. #, etc.

**14**

City & State

**LAKE PARK, FL**

City & State

**LAKE PARK, FL**

4. FEI Number

**65-0892628**

Applied For

Not Applicable

Zip

**33409**

Country

**USA**

Zip

**33409**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**DANY THIBAUT**

Street Address (P.O. Box Number is Not Acceptable)

**9339 ALT A1A SUITE 14**

City

**LAKE PARK**

FL

Zip Code

**33403**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/2/03**

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
DANY THIBAUT  
OAK PLAZA  
9339 ALT A1A PBG FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400021080134  
06/23/03--01056--001 \*\*150.00**

TITLE  
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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/2/03**

CR2E034B (12/02)