

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088055

1. Entity Name

BOARDWALK ENTERPRISES OF SOUTH FLORIDA, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90018 029 \*\*\*558.75

Principal Place of Business

2800 SUNRISE LAKES DRIVE WEST  
BUILDING #5 APT 310  
SUNRISE FL 33222

Mailing Address

2800 SUNRISE LAKES DRIVE WEST  
BUILDING #5 APT 310  
SUNRISE FL 33222

2. Principal Place of Business

2750 SUNRISE LAKES DR W

3. Mailing Address

2750 SUNRISE LAKES DR. W.

Suite, Apt. #, etc.

UNIT #110

Suite, Apt. #, etc.

UNIT #110

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0952476

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**

**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  
PSTD  
BOUDREAU, ROBERT D  
2800 SUNRISE LAKES DR. W BLDG. 5 APT 310  
SUNRISE FL 33222

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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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:

*BOUDREAU, ROBERT D*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00 954-742-0140

Date

Daytime Phone #

CR2E034 (5/00)