

010663-TC ORIGINAL

CK 93304
\$ 100.00

ME

1. Name of company or name of individual (not fictitious name or d/b/a): BOULEVARD HOTEL INC.

2. Name under which applicant will do business (fictitious name, etc.): BOULEVARD HOTEL INC

3. Official mailing address:
Street: 740 OCEAN DRIVE
P.O. Box: _____
City: Miami Beach
State: FLORIDA Zip: 33139

4. Florida address:
Street: 740 Ocean Drive
P.O. Box: _____
City: Miami Beach
State: FL Zip: 33139

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

DEPOSIT DATE
DOLLARS MAY 02 2001

01 MAY -2 PM 1:36
MAIL ROOM

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: DOCUMENT 50744 / 65-0184050

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

APP _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
LEG _____
OPC _____
PAI _____
RGO _____
SEC _____
SER _____
OTH _____

DOCUMENT NUMBER-DATE 2

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FPSC-RECORDS/REPORTING