

COVER SHEET

A S 0 9 4 - 0 0 6 3 0 9
SEC Registration Number

B O U L E V A R D H O L D I N G S , I N C .

Company's Full Name

1 7 0 4 T H E P E A K T O W E R
1 0 7 L . P . L E V I S T E S T R E E T
S A L C E D O V I L L A G E , M A K A T I C I T Y
Business Address: No. Street City/Town/Province

Mauro B. Badiola
(Contact Person)

753 - 1405
(Company Telephone Number)

0 5
Month

3 1
Day

S E C F O R M 2 3 - B
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OF BHI SHARES
(Form Type)

Month

Day

NOT APPLICABLE
(Secondary License Type, If Applicable)

Dept. Requiring this Doc.

NOT APPLICABLE
Amended Articles Number/Section

394
Total Number of Stockholders

Total Amount of Borrowings
Domestic Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document ID

Cashier

STAMPS

Remarks: Please use BLANK ink for scanning purposes

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., warrants, options, convertible securities)

1 Derivative Security	2 Conversion or Exercise Price of Derivative Security	3 Transaction Date (Month/Day/Yr)	4 Number of Derivative Securities Acquired (A) or Disposed of (D)		5 Date Exercisable and Expiration Date (Month/Day/Year)		6 Title and Amount of Underlying Securities		7 Price of Derivative Security	8 No. of Derivative Securities Beneficially Owned at End of Month	9 Ownership Form of Derivative Security Direct (D) or Indirect (I) *	10 Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Explanation of Responses

Notes: After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this report is true complete and accurate. This report is signed in the City of Makati on October 4, 2018.

Note: File three (3) copies of this form, one of which must be manually signed.

Attach additional sheets if space provided is insufficient.



BY: **MICHAEL LANCELOT F. PANLILIO**
Authorized Signatory
Director
(Signature of Reporting Person)