

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G43748**

1. Entity Name

HOFFMAN, LARIN & AGNETTI, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90150 008 ***150.00

Principal Place of Business

MARTIN L HOFFMAN
909 NORTH MIAMI BEACH BLVD., SUITE 201
NORTH MIAMI BEACH FL 33162

Mailing Address

MARTIN L HOFFMAN
909 NORTH MIAMI BEACH BLVD., SUITE 201
NORTH MIAMI BEACH FL 33162-3712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2280582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGNETTI, JOHN B ESQ
909 N. MIAMI BEACH BLVD., SUITE 201
N. MIAMI BEACH FL 33162

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HOFFMAN, MARTIN L
STREET ADDRESS 17520 NE 9TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME Martin L. Hoffman
STREET ADDRESS 909 N. Miami Beach Blvd., Suite 201
CITY-ST-ZIP N. Miami Beach FL 33162

TITLE D ☒ Delete
NAME LARIN, RICHARD L
STREET ADDRESS 20312 NE 34TH DEL VISTA
CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE VSTD ☐ Delete
NAME AGNETTI, JOHN B.
STREET ADDRESS 530 NW 214TH ST., #205
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE VSTD ☒ Change ☐ Addition
NAME John B. Agnetti
STREET ADDRESS 909 N. Miami Beach Blvd., Suite 201
CITY-ST-ZIP N. Miami Beach, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Agnetti

4/19/00

Date

305/653-5555

Daytime Phone #

CR2E034 (9/99)