2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State 218447 DOCUMENT # 1. Entity Name 02-14-2002 90018 009 ***150.00 HOFMANN COMMERCIAL ENTERPRISES. INC. Principal Place of Business Mailing Address 48 N W 29TH STREET 48 N W 29TH STREET MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 1340 N.E. 103rd Stree 3. Mailing Address t 1340 N.E. 103 Street Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Miamií Shores, FL Applied For 4. FEI Number City & State Miami Shores, FL 59-0855608 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33138 $\bar{3}3138$ USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hofmann, Lawrence J. HOFMANN, LAWRENCE J. Street Address (P.O. Box Number is Not Acceptable) 48 N.W. 29TH STREET MIAMI FL 33127 1340 N.E. 103rd Street City Zip Code 33138 Miami 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete HOFMANN, LAWRENCE J. NAME NAME 1340 NE 103RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE ☐ Defete TITLE HOFMANN, RAMONA A. NAME NAME STREET ADDRESS 1340 NE 103RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL Change ☐ Addition ☐ Delete TITLE TITLE ROHAN, LAURENCE, JR. NAME NAME STREET ADDRESS STREET ADDRESS 6101 SW 76TH STREET CITY-ST-ZIP CITY-ST-ZIP **SOUTH MIAMI FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED