FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # F01000002806 1. Entity Name 03-12-2002 90267 038 ***150 00 HOFFMAN SERVICES, INC. Principal Place of Business Mailing Address 8616 JONES MILL RD 8616 JONES MILL RD CHEVY CHASE MD 20815 CHEVY CHASE MD 20815 3. Mailing Address 2. Principal Place of Business 3130 PembroKe 1814 NE MIAMI GARDENS DE DO NOT WRITE IN THIS SPACE # 408 Applied For 4. FEI Number <u>talla</u>ndale NI MIAMI 52-2012169 Not Applicable zio 333009 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIEVEUTA HOFFMAN, NED Street Address (P.O. Box Number is Not Acceptable) 2350 NORTH EAST 135TH ST APT. #1410 N. MIAMI FL 33181 Zip Code 33/80 MIAMI 8. The above named entity submits this statement for they purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Addition TITLE □ Delete 192ND ST DUBUQUE, NIEVECITA NAME NAME 2351 NE 12400001116000 STREET ADDRESS 8616 JONES MILL RD STREET ADDRESS **CHEVY CHASE MD 20815** CITY-ST-ZIP CITY-ST-ZIP (K) Change ☐ Addition TITLE. Delete TITLE HOFFMAN, STEVEN NAME NAME NE 192ND ST STREET ADDRESS STREET ADDRESS 8616 JONES MILL RD N. MIAMI BCH, FL 33180 CITY-ST-ZIP CITY-ST-ZIP **CHEVY CHASE MD 20815** ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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