

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90291 018 ***150.00

DOCUMENT # F96000005164

1. Entity Name
HOFFMAN INVESTMENT MANAGEMENT INC.



Principal Place of Business
200 LESLIE DRIVE #715
HALLANDALE FL 33009

Mailing Address
200 LESLIE DRIVE #715
HALLANDALE FL 33009

2. Principal Place of Business
8490 S. LAKE FOREST DRIVE
Suite, Apt. #, etc.

3. Mailing Address
8490 S. LAKE FOREST DRIVE
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

4. FEI Number **13-3702880**

Applied For
Not Applicable

Zip **33328** **Country** **USA**

Zip **33328** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOFFMAN, RICHARD E
200 LESLIE DRIVE #715
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8490 S. LAKE FOREST DRIVE
City **DAVIE** **FL** **Zip Code** **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard E. Hoffman* **Richard E. Hoffman**
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)

4-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, RICHARD E	
STREET ADDRESS	200 LESLIE DRIVE #715	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8490 S. LAKE FOREST DRIVE
CITY-ST-ZIP	DAVIE, FL. 33328
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	PERLA HOFFMAN
CITY-ST-ZIP	8490 S. LAKE FOREST DRIVE
	DAVIE, FL. 33328
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Hoffman* **RICHARD E. HOFFMAN, Pres.** **4-21-03** **647-8637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)