

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90116 041 ***150.00

0405604 AV

DOCUMENT # P00000115156

1. Entity Name

HOFFMAN FINANCIAL GROUP, INC.



Principal Place of Business
**20960 DELAGADO TERR
BOCA RATON FL 33433**

Mailing Address
**20960 DELAGADO TERR
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1062863**

Applied For

Not Applicable

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

**HOFFMAN, JAY M
20960 DELGADO TERR
BOCA RATON FL 33433**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOFFMAN, JAY M**
STREET ADDRESS **20960 DELAGADO TERR**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

JAY HOFFMAN

SIGNATURE: **X**

NOT REQUIRED PRESIDENT

X 5/15/03 X 5618520652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment

90135211

R0000115156

5/13/03

GENTLEMAN

PLEASE BE ADVISED I
WAS OUT OF TOWN WITH
MY FAMILY. I WAS DUE
TO RETURN THE WEEK
OF 4/14 BUT DUE TO
ILLNESS, I DID NOT RETURN
UNTIL YESTERDAY. I AM THE
ONLY PERSON IN THIS
CORP & HAVE NO ONE
ELSE WHO COULD FILE
FOR ME.

THANK YOU SO MUCH
FOR YOUR UNDERSTANDING
& CONSIDERATION.

Kind regards

Jay Hoff