

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35071

1. Entity Name

M.L. HOFFMAN, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 045 ***150.00

Principal Place of Business 21374 BRIDGE VIEW DRIVE BOCA RATON FL 33428	Mailing Address 21374 BRIDGE VIEW DRIVE BOCA RATON FL 33446-3736
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6590 VIA TRENTO Suite, Apt. #, etc.	3. Mailing Address 6590 VIA TRENTO Suite, Apt. #, etc.
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446-3736	Country USA
Zip 33446-3736	Country USA

4. FEI Number 13-2760739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, MAURICE L.
 21374 BRIDGE VIEW DRIVE
 BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name: **HOFFMAN, MAURICE L.**
 Street Address (P.O. Box Number is Not Acceptable):
6590 VIA TRENTO
 City: **DELRAY BEACH** FL Zip Code: **33446**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT HOFFMAN, MAURICE L. 21374 BRIDGE VIEW DRIVE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOFFMAN, ROSLYN J. 21374 BRIDGE VIEW DRIVE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOFFMAN, ROSLYN J. 21374 BRIDGE VIEW DRIVE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT HOFFMAN, MAURICE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address ONLY 6590 VIA TRENTO DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOFFMAN, ROSLYN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address ONLY 6590 VIA TRENTO DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOFFMAN, ROSLYN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Address ONLY 6590 VIA TRENTO DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address ONLY

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.

SIGNATURE: Maurice L. Hoffman MAURICE L. HOFFMAN 1/28/00 (561) 637 3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #