

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

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
HOFFMAN, ROSLYN J.
21374 BRIDGE VIEW DRIVE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HOFFMAN, ROSLYN J.
21374 BRIDGE VIEW DRIVE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPT
HOFFMAN, MAURICE L.
6590 VIA TRENTO
DELRAY BEACH, FL 33446 ☒ Change ☐ ADDRESS ONLY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
HOFFMAN, ROSLYN J.
6590 VIA TRENTO
DELRAY BEACH, FL 33446 ☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HOFFMAN, ROSLYN J.
6590 VIA TRENTO
DELRAY BEACH, FL 33446 ☒ Change ☐

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

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

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

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

Date

Daytime Phone #

1/28/00 (561) 637 3434