

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065513

1. Entity Name

BOONSOM HOFFMAN INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90058 029 ***150.00

Principal Place of Business
1900 OKEECHOBEE BLVD.
SUITE A-3
WEST PALM BEACH FL 33409

Mailing Address
1900 OKEECHOBEE BLVD.
SUITE A-3
WEST PALM BEACH FL 33409-4132

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0517295** 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, DALLAS D~~
~~1900 OKEECHOBEE BLVD~~
~~SUITE A-3~~
~~WEST PALM BEACH FL 33409~~

Name **DALLAS D. HOFFMAN**
Street Address (P.O. Box Number is Not Acceptable)
5908 GARDEN AVE
City **WEST PALM BEACH** FL Zip Code **33405**

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 *Dallas D. Hoffman* **DALLAS D. HOFFMAN, SECRETARY/TREASURER** 1/5/2000
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	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, BOONSOM	
STREET ADDRESS	1900 OKEECHOBEE BLVD., SUITE A-3	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOFFMAN, DALLAS D	
STREET ADDRESS	1900 OKEECHOBEE BLVD-#A3	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, BOONSON	
STREET ADDRESS	1900 OKEECHOBEE BLVD-#A3	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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: *Dallas D. Hoffman* **DALLAS D. HOFFMAN** 1/5/2000 (561) 640-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #