

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065513

1. Entity Name:
BOONSOM HOFFMAN INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**HOFFMANN, DALLAS D
5908 GARDEN AVE
WEST PALM BEACH FL 33405**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOFFMAN, BOONSOM**
STREET ADDRESS **1900 OKEECHOBEE BLVD., SUITE A-3**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **ST** ☐ Delete
NAME **HOFFMAN, DALLAS D**
STREET ADDRESS **1900 OKEECHOBEE BLVD-#A3**
CITY-ST-ZIP **W. PALM BEACH FL 33409**

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

TITLE **P** ☐ Delete
NAME **HOFFMAN, BOONSON**
STREET ADDRESS **1900 OKEECHOBEE BLVD-#A3**
CITY-ST-ZIP **W. PALM BEACH FL 33409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2001

Date

(561) 640-0131

Daytime Phone #

FILED

Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 009 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)