

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90024 003 ***150.00

DOCUMENT # P98000032697

1. Entity Name

Hoffmanns' Classic Cars and Service Center, Inc.

Principal Place of Business

Mailing Address

5185 NW 15th Street
 MARGATE, FL 33063

SAME

2. Principal Place of Business

5185 NW 15th Street

3. Mailing Address

5185 NW 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL 33063

City & State

MARGATE FL

4. FEI Number

65-0827173

Applied For

Not Applicable

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH HOFFMAN
 14257 PADDOCK AVE
 WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

ANDRE PALOCZ

Street Address (P.O. Box Number is Not Acceptable)

8180 WILNER LANE

City

BOCA RATON

FL

Zip Code

33433

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

ANDRE PALOCZ, PRESIDENT

2/18/00

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	PKD
STREET ADDRESS	ANDRE PALOCZ
CITY-ST-ZIP	8180 WILNER LN BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/D
STREET ADDRESS	HENRY HOFFMAN
CITY-ST-ZIP	2101 BAY DRIVE POMPANO BEACH, FL 33062
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/S/T/D
STREET ADDRESS	JOSEPH HOFFMAN
CITY-ST-ZIP	14752 PADDOCK DRIVE WELLINGTON FL 33414
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:

ANDRE PALOCZ President 2/18/00 (954)975 3130

CR2E034 (9/99)