

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91453 001 \*\*\*150.00

**DOCUMENT # P98000054163**

1. Entity Name

**HOFFMAN APPAREL INTERNATIONAL CORP.**



Principal Place of Business

**21 NO. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

Mailing Address

**21 NO. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

2. Principal Place of Business

**4645 Southern Boulevard**

3. Mailing Address

**4645 Southern Boulevard**

Suite, Apt. #, etc.

**Suite G**

Suite, Apt. #, etc.

**Suite G**

City & State

**West Palm Beach, FL 33415**

City & State

**West Palm Beach, FL 33415**

Zip

**33415**

Country

Zip

**33415**

Country

4. FEI Number

**59-3519574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOFFMAN, HERBERT S  
21 NO. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

**Herbert S. Hoffman**

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

**4645 Southern Boulevard**

**Suite G**

City

**West Palm Beach**

**FL**

Zip Code  
**33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOFFMAN, MARTIN B  
160 NORTH WASHINGTON ST  
BOSTON MA 02114** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
HOFFMAN, HERBERT S  
21 N. MILITARY TRL  
W. PALM BCH FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
COHEN, JULIUS S  
13678 CROSSPOINT DR  
PALM BCH GARDENS FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HOFFMAN, MATTHEW B  
160 N. WASHINGTON ST  
BOSTON MA 02114** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HOFFMAN, HERBERT S.  
4645 SOUTHERN BOULEVARD, SUITE G  
WEST PALM BEACH, FL 33415** ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)