

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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
33415

4. FEI Number
59-3519574

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFMAN, MARTIN B 160 NORTH WASHINGTON ST BOSTON MA 02114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOFFMAN, HERBERT S 21 N. MILITARY TRL W. PALM BCH FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOFFMAN, HERBERT S. 4645 SOUTHERN BOULEVARD, SUITE G WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COHEN, JULIUS S 13678 CROSSPOINT DR PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, MATTHEW B 160 N. WASHINGTON ST BOSTON MA 02114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003

Date

Daytime Phone #

CR2E034 (10/02)

2003
10/02