

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000030771**

1. Entity Name

HOFFEN CORPORATION**FILED****Jul 05, 2000 8:00 am**
Secretary of State

05-03-2000 90004 047 ***150.00

Principal Place of Business

1401 FLAGLER STREET
SUITE 207
MIAMI FL 33124

Mailing Address

1401 FLAGLER STREET
SUITE 207
MIAMI FL 33135-2254

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 403631

City & State
MIAMI BEACH, FL

Zip

Country

33140-1631

USA

4. FEI Number

65-1003511

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

BRAVO, GIULIANA L
5401 COLLINS AVENUE
SUITE 610
MIAMI BEACH FL 33140Name
BRAVO, GIULIANA LStreet Address (P.O. Box Number is Not Acceptable)
6925 Trouville Esplanade

Miami Beach, FL 33141

City

FL

Zip Code

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

Giuliana Bravo

Giuliana Bravo

02/16/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME BRAVO, GIULIANA L
STREET ADDRESS 5401 COLLINS AVENUE, SUITE 610
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE VS ☐ Delete
NAME SOLIS, MARIANELLA L
STREET ADDRESS 9322 NE & 6TH AVENUE
CITY-ST-ZIP MIAMI SHORES FL 33138TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PT ☒ Change ☐ Addition
NAME Bravo, Giuliana L
STREET ADDRESS 6925 Trouville Esplanade
CITY-ST-ZIP Miami Beach, FL 33141TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VS ☐ Change ☒ Addition
NAME Molfino, Ricardo
STREET ADDRESS 6925 Trouville Esplanade
CITY-ST-ZIP Miami Beach, FL 33141TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(l), 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:

Giuliana Bravo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giuliana Bravo

Date

2/16/00

Daytime Phone #

FAX:

(305) 865-2960

email: bravog@bmi.com

CR2E034 (9/99)