

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005786**

1. Entity Name

HGG ACQUISITION CUSTOMIZED INTEGRATED SYSTEMS FO ✓**FILED**
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90188 003 ***550.00

Principal Place of Business

**12 WEST MARKET ST
YORK PA 17405**

Mailing Address

**12 W. MARKET ST
M-15036
YORK PA 17401-1228**

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

23-2959496

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

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156**

Name

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

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

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 State10. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CCEO						
	RIKLIS, MESHULAM						
	9560 WILSHIRE BLVD.						
	BEVERLY HILLS CA 90212						
	P						
	WATKINS, TED						
	12 WEST MARKET ST						
	YORK PA 17405						
	VTD						
	WEINER, PAUL						
	12 WEST MARKET ST						
	YORK PA 17405						
	S						
	MICHAELSON, ARTHUR M						
	530 FIFTH AVE						
	NEW YORK NY 10036						

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

Date

717-679-4135

Daytime Phone #

CR2E034 (9/99)