

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90054 016 \*\*\*150.00

DOCUMENT # L28245

1. Entity Name

HAL INVESTMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

% HOWARD HERSKOWITZ  
212 S.E. 8TH STREET, SUITE 101  
FORT LAUDERDALE FL 33316

C/O HOWARD HERSKOWITZ  
P.O. BOX 22038  
FT. LAUDERDALE FL 33335-2038  
US

913585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0157418

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSKOWITZ, HOWARD  
212 S.E. 8TH STREET  
SUITE 101  
FORT LAUDERDALE FL 33316

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00  
Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
HERSKOWITZ, HOWARD  
1401 SE 9TH ST.  
FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERSKOWITZ, AARON  
4990 S.W. 64TH PLACE  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HERSKOWITZ, LOUIS  
1790 MULKEY ROAD #1  
AUSTELL GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF HOWARD B. HERSKOWITZ, PRES.

1/31/2000

954-764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #