

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51644

1. Entity Name

H.K. INSTALLATION SERVICE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90025 049 ***158.75

Principal Place of Business

~~19000 W. DIXIE HIGHWAY~~
NORTH MIAMI BEACH FL 33180
US

Mailing Address

1140 KANE CONCOURSE
5TH FLOOR
BAY HARBOR ISLANDS FL 33154-2045
US

2. Principal Place of Business

1140 KANE CONCOURSE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FIFTH FLOOR

CITY & STATE
BAY HARBOR ISLANDS, FL

CITY & STATE

Zip
33154

Country

Zip

Country

4. FEI Number 65-0258659

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KATZ, HARVEY
STREET ADDRESS 1140 KANE CONCOURSE 5TH FLR
CITY-ST-ZIP BAY HRBR. ISLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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)(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 all other like empowered.

SIGNATURE:

Harvey Katz

HARVEY KATZ

4/6/2000

305-864-7531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)