

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90022 048 \*\*\*150.00

DOCUMENT # **S59190**

1. Entity Name

**HGW CORPORAT PON**

Principal Place of Business

Mailing Address

**1063 NW 108 TERR  
 Miami, FL. 33168**

**1063 NW 108 TERR  
 Miami, FL. 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0276783**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**A0042004**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRY G. HALL  
 1335-1341 NW 60th St.  
 Miami, FL.**

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.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME: <b>D HALL, Harry</b> STREET ADDRESS: <b>1063 NW 108 TERR</b> CITY-ST-ZIP: <b>Miami, FL. 33168</b>	<input type="checkbox"/>
NAME: <b>D HALL, GARTH</b> STREET ADDRESS: <b>10838 NE 2ND Ct.</b> CITY-ST-ZIP: <b>Miami, FL.</b>	<input type="checkbox"/>
NAME: <b>D HALL, WARREL A.</b> STREET ADDRESS: <b>1063 NW 108th TERR</b> CITY-ST-ZIP: <b>Miami, FL. 33168</b>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Anthony Barone* (Acct)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**  
 Date

**(305) 251-4591**  
 Daytime Phone #

CR2E034 (11/00)