

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY  
Caption in Compliance with D.N.J. LBR 9004-2(c)

Antonio R. Espinosa, Esq.  
Andril & Espinosa, LLC.  
534 Westfield Avenue  
Elizabeth, New Jersey 07208  
(908) 558-0100  
andespbk@gmail.com

In Re:

HG & ZG CORPORATION,

Case No.: 18-26374 (MBK)

Chapter 11

Hearing Date:

**CERTIFICATION IN SUPPORT OF  
MOTION FOR INTERIM USE OF  
CASH COLLATERAL**

HYTHAM MOHAMED, of full age certifies:

1. I am the sole owner of HG & ZG CORPORATION, debtor in possession,  
(hereinafter "Debtor").
2. I have personal knowledge of the facts set forth herein.
3. Debtor is a corporation of the State of New Jersey.
4. On August 15, 2018, Debtor filed a Chapter 11 petition for relief.
5. Debtor is engaged in the operation of a taxi service at Newark Liberty International  
Airport.
6. Debtor owns three medallions which were issued by the City of Newark Taxi Cab  
Division as well as three vehicles.
7. The Debtor leases the cabs to independent drivers on a weekly basis in exchange  
for receiving a weekly rental fee.

8. Debtor received a loan for two medallions, numbers 472 and 133, from Fresh Start Venture Capital, LLC, "Fresh Start."

9. Debtor executed two notes in the respective terms of \$275,000.00 (medallion 472) and \$295,000 (Medallion 133). The Notes required monthly payments of \$1,864.25 and \$2,000.37.

10. Debtor defaulted under the terms of the Note.

11. Fresh Start has a security interest and filed a UCC encumbering accounts receivables. See, **Exhibit 1**.

12. Debtor also owns Medallion 133 and is indebted to Amai Bayoni.

13. Attached as **Exhibit 2** is Debtor's Twelve Week Budget in support of this application.

14. Debtor will make monthly adequate protection payments for the two Notes owed to Fresh Start in the amount of \$3,000.00, and use the balance to pay its ongoing operations.

15. The lien held by Fresh Start will be protected.

16. Upon default of its payment, Fresh Start may apply for relief of the automatic stay.

17. Debtor will file its plan in accordance with the requirements of the Bankruptcy Court.

18. Debtor has opened a DIP account and has not been able to use any cash pending the granting of this Motion.

19. Debtor through counsel has attempted to enter a consensual Order.

I certify that the above statements made by me are true. I am aware that if any statement so made by me is willfully false, I am subject to punishment.

Dated: September 26, 2018

/s/ Hytham S. Mohamed  
HYTHAM S. MOHAMED

# **EXHIBIT “1”**

472

UCC-1

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Ralph A. Grieco		9733766800
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		
Ralph A. Grieco 758 Morris Turnpike P.O. Box 505 Short Hills, NJ 07078 US		

State of New Jersey  
Department of the Treasury  
Division of Revenue  
UCC Section  
Filed  
Filing Number: 50369544  
10/26/12 11:13:14

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME HG & ZG CORPORATION					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 330 Virginia Avenue			CITY Jersey City	STATE NJ	POSTAL CODE 07304
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION NJ	1g. ORGANIZATIONAL ID #, if any 27-0820263

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME Freshstart Venture Capital Corp.					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 437 Madison Avenue			CITY New York	STATE NY	POSTAL CODE 10022

4. This FINANCING STATEMENT covers the following collateral:  
ALL RIGHTS, TITLE AND INTEREST TO NEWARK NJ TAXICAB MEDALLION #472 EQUIPMENT, ROOF LIGHTS, METERS AND VEHICLES USED IN DEBTORS TAXICAB BUSINESS, ACCOUNT RECEIVABLES, CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW AND HEREAFTER EXISTING AND ALL SUBSTITUTES OR REPLACEMENTS THEREOF AND ADDITIONS THERETO OR PROCEEDS THEREFROM AND ALL ISSUED AND UNISSUED SHARES OF STOCK IN CORPORATION KNOWN AS HG & ZG CORPORATION.

5. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable.		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) if applicable.		ADDITIONAL FEE		All Debtors Debtor 1 Debtor 2	
8. OPTIONAL FILER REFERENCE DATA Freshstart to HG & ZG Corp							

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions 8003313282	
B. E-MAIL CONTACT AT FILER (optional) sosack@uccdirect.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 US	

State of New Jersey  
Department of the Treasury  
Division of Revenue & Enterprise Services  
UCC Section  
Filed

Filing Number: 50369544

10/16/17 12:41:04

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
50369544

1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  PARTY INFORMATION CHANGE:  
Check one of these two boxes: AND Check one of these three boxes to:  
This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address: Complete item 8a or 8b, and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b, and item 7c  DELETE name: Give record name to be deleted in item 8a or 8b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 8b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME  
FRESHSTART VENTURE CAPITAL CORP.

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  
61027107

UCC-1

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Ralph A. Grieco 9733766800	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Ralph A. Grieco 758 Morris Turnpike P.O. Box 505 Short Hills, NJ 07078 US	

State of New Jersey  
Department of the Treasury  
Division of Revenue  
UCC Section  
Filed  
Filing Number: 50370001  
10/26/12 16:04:12

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME HG & ZG CORPORATION					
OR	1b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS 330 Virginia Avenue		CITY Jersey City	STATE NJ	POSTAL CODE 07304	COUNTRY US
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION NJ	1g. ORGANIZATIONAL ID #, if any 27-0820263	<input type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)** - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Freshstart Venture Capital Corp.					
OR	3b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS 437 Madison Avenue		CITY New York	STATE NY	POSTAL CODE 10022	COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:  
ALL RIGHTS, TITLE AND INTEREST TO NEWARK NJ TAXICAB MEDALLION #133 EQUIPMENT, ROOF LIGHTS, METERS AND VEHICLES USED IN DEBTORS TAXICAB BUSINESS, ACCOUNT RECEIVABLES, CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW AND HEREAFTER EXISTING AND ALL SUBSTITUTES OR REPLACEMENTS THEREOF AND ADDITIONS THERETO OR PROCEEDS THEREFROM AND ALL ISSUED AND UNISSUED SHARES OF STOCK IN CORPORATION KNOWN AS HG & ZG CORPORATION.

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	

8. OPTIONAL FILER REFERENCE DATA  
Freshstart to HG & ZG Corp. #133

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
CT Lien Solutions	8003313282
B. E-MAIL CONTACT AT FILER (optional)	
sosack@uccdirect.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 US	

State of New Jersey  
 Department of the Treasury  
 Division of Revenue & Enterprise Services  
 UCC Section  
 Filed

Filing Number: 50370001  
 10/16/17 12:46:29

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 50370001	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 6

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  **PARTY INFORMATION CHANGE:**  
 Check one of these two boxes:  Debtor or  Secured Party of record  
 AND Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b, and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
 Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME  
 FRESHSTART VENTURE CAPITAL CORP.

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**  
 61026973



**EXHIBIT “2”**

TWELVE WEEK BUDGET  
CASH COLLATERAL BUDGET  
HG & ZG CORPORATION

**Gross Income:** \$6,450.00

Lease of 3 Medallions  
\$1,500 per week

**Expenses:**

Insurance	\$1,225.00	
Fresh Start	\$3,864.00	
- Medallion #472	\$1,864.75	
- Medallion #133	\$2,000.27	
Amal Bayoni	\$ 500.00	
- Medallion #353		
Miscellaneous	\$ 300.00	
Total		<u>\$5,889.00</u>
NET INCOME:		\$ 561.00

Dated:

8/31/18

HYTHAM MOHAMED  
HYTHAM S. MOHAMED