

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000104896**

1. Entity Name

**HI-TECH TRUCK REPAIR, INC.**

Principal Place of Business

1770 SW 13TH COURT  
POMPANO BEACH FL 33069

Mailing Address

1770 SW 13TH COURT  
POMPANO BEACH FL 33069-4715

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0882547

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

GREENBERG, JOEL E  
2806 N UNIVERSITY DRIVE  
SUNRISE FL 33322

Name

JOEL E. GREENBERG

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

1242 N University Drive

City

Sunrise

FL

Zip Code

33322

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NAUTH, DEVA  
CITY-ST-ZIP 4200 NW 3RD COURT APT. 204  
PLANTATION FL 33317TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME D  
STREET ADDRESS NAUTH, SEWKUMARIE  
CITY-ST-ZIP 4200 NW 3RD COURT APT. 204  
PLANTATION FL 33317TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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: *Sewkumarie Nauth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR11-24-00  
Date954-784-4667  
Daytime Phone #**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90034 027 \*\*\*150.00

CU080287



DO NOT WRITE IN THIS SPACE