

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046570

1. Entity Name

FLORIDA INSURANCE REPAIR SPECIALITY TEAM (FIRST)

Principal Place of Business

11241 N.W. 19TH STREET  
PEMBROKE PINES FL 33026

Mailing Address

11241 N.W. 19TH STREET  
PEMBROKE PINES FL 33026-2101

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 260486

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33026

Country

U.S.A.

4. FEI Number

65-0921453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HACHENBERG, MARK  
11241 N.W. 19TH STREET  
PEMBROKE PINES FL 33026

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 ☐ Delete  
NAME D  
STREET ADDRESS HACHENBURG, MARK  
CITY-ST-ZIP 11241 N.W. 19TH STREET  
PEMBROKE PINES FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D/P  
STREET ADDRESS HACHENBURG, MARK  
CITY-ST-ZIP 11241 N.W. 19TH ST.  
PEMBROKE PINES, FL 33026

TITLE ☐ Change ☒ Addition  
NAME T/S  
STREET ADDRESS CHRISTIAN, DENNIS  
CITY-ST-ZIP 11241 N.W. 19TH ST.  
PEMBROKE PINES, FL 33026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark Hachenburg*  
MARK HACHENBURG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

954-433-0707

Daytime Phone #

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90203 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE