

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000046570

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** FLORIDA INSURANCE REPAIR SPECIALITY TEAM (FIRST) CONSTRUCTION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 260486  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 65-0921453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HACHENBURG, MARK  
Address: 11241 N.W. 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TS ( ) Delete  
Name: CHRISTIAN, DENNIS  
Address: 11241 NW 14TH ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: CHRISTIAN, DENNIS  
Address: 11241 N.W. 19TH ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Change (X) Addition  
Name: BROWNSTEIN, ARNOLD  
Address: 11241 N.W. 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HACHENBURG

PRES

04/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date