

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20292

1. Entity Name

JOHN G. HAAGENSEN INTERNATIONAL INSURANCE SERVIC

Principal Place of Business

1001 NORTH AMERICA WAY  
STE 208  
MIAMI FL 33132

Mailing Address

1001 NORTH AMERICA WAY  
STE 208  
MIAMI FL 33132-2017

2. Principal Place of Business

1015 NORTH AMERICA WAY

3. Mailing Address

1015 N. America way

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

MIAMI, FL

City & State

Miami, FL

Zip

33132

Country

Miami-Dade

Zip

33132

Country

Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAAGENSEN, JOHN G.  
1001 NORTH AMERICA WAY  
STE 208  
MIAMI FL 33132

Name

JOHN G. HAAGENSEN

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

1015 N. America way #114

City

Miami

FL

Zip Code

33132

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

John G. Haagensen

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-00

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	PST	<input type="checkbox"/> Delete
NAME	HAAGENSEN, JOHN G.	
STREET ADDRESS	1001 NORTH AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

John G. Haagensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00 (305) 530 0086

Date

Daytime Phone #

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90027 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0327228

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

CR2E034 (9/99)