

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90152 026 ***150.00

DOCUMENT # P93000036240

1. Entity Name
BJE TECHNICAL SALES, INC.

Principal Place of Business Mailing Address
160 NE WAVECREST WAY BOCA RATON FL 33432

00039425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **340 S.E. MIZNER BLVD.** 3. Mailing Address **340 S.E. MIZNER BLVD.**

Suite, Apt. #, etc. **APT. 1301** Suite, Apt. #, etc. **APT. 1301**

City & State **BOCA RATON FL** City & State **BOCA RATON FL**

Zip **33432** Country **FLORIDA** Zip **33432** Country **FLORIDA**

4. FEI Number **65-0414020** 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

ENGEL, BARBARA J
160 NE WAVECREST WAY
BOCA ROTAN FL 33432

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
340 S.E. MIZNER BLVD
APT. 1301
 City **BOCA RATON** **FL** Zip Code **33432**

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 _____ (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, 2001 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	P <input type="checkbox"/> Delete
NAME	ENGEL, BARBARA J
STREET ADDRESS	160 NE WAVECREST WAY
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	S <input type="checkbox"/> Delete
NAME	ENGEL, BEA
STREET ADDRESS	1300 COCONUT RD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bea Engel Secy* **BEA ENGEL** 4-16-01 561-347-8845
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)