

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90174 041 ***150.00

DOCUMENT # **P93000036240**



1. Entity Name
BJE TECHNICAL SALES, INC.

Principal Place of Business
**21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486**

Mailing Address
**21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486**



2. Principal Place of Business
1300 COCONUT ROAD

3. Mailing Address
1300 COCONUT ROAD

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33432

Country
USA

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
**ENGEL, BARBARA J
21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
Name **LEE S. ENGEL**
Street Address (P.O. Box Number is Not Acceptable) **1300 COCONUT ROAD**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee S. Engel Pres* DATE **4-8-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME ENGEL, BARBARA J	
STREET ADDRESS 21462 ST ANDREWS GRAND CIRCLE NE	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE S	<input type="checkbox"/> Delete
NAME ENGEL, BEA	
STREET ADDRESS 1300 COCONUT RD	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE PRES LEE S. ENGEL	<input type="checkbox"/> Delete
STREET ADDRESS 1300 COCONUT ROAD	
CITY-ST-ZIP BOCA RATON FL 33432	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETED
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 checked="" 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee S. Engel Pres* DATE **4-8-03** DAYTIME PHONE # **561 347 8855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)