

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90096 021 \*\*\*150.00

**DOCUMENT # 458460**

1. Entity Name  
**ENGEL INCORPORATED**



Principal Place of Business  
**6991 W. BROWARD BOULEVARD  
SUITE 106  
PLANTATION FL 33317  
US**

Mailing Address  
**6991 W BROWARD BLVD  
STE 106  
PLANTATION FL 33317  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1615928**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ENGEL, NARIES  
561 N.W. 75TH AVE.  
PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

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

**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	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BROWNING, GREGORY</b>
STREET ADDRESS	<b>561 N W 75TH AVENUE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BROWNING, GREGORY</b>
STREET ADDRESS	<b>561 N W 75 TH AVENUE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>ENGEL, FREDY</b>
STREET ADDRESS	<b>561 NW 75TH AVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33317</b>
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 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
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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:** *SIGNATURE REQUIRED* **(954) 587-2292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)