

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10460

1. Entity Name

ENGIN PROPERTIES, INC.

FILED

00 SEP 25 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

721 N US HWY 1  
STE 101  
N PALM BEACH FL 33408  
US

Mailing Address

721 N US HWY 1  
STE 101  
N PALM BEACH FL 33408  
US

2. Principal Place of Business

10130 NORTHLAKE BL

3. Mailing Address

10130 NORTHLAKE BL

Suite, Apt. #, etc.

SUITE 316

Suite, Apt. #, etc.

SUITE 316

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip 33412-1101

Country USA

Zip 33412-1101

Country USA

4. FEI Number

59-2599194

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME ENGELHARDT, PHILIP L.  
STREET ADDRESS 721 NORTH U.S. HWY 1  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10130 NORTHLAKE BL  
CITY-ST-ZIP WEST PALM BEACH FL 33412-1101

TITLE SD  
NAME ENGELHARDT, MICHAEL S.  
STREET ADDRESS 9 GRAEMOOR TERR.  
CITY-ST-ZIP PALM BCH. GARDENS FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10130 NORTHLAKE BL  
CITY-ST-ZIP WEST PALM BEACH FL 33412-1101

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP L. ENGELHARDT, PRES.

9/15/00 (561) 630-3484  
Date Daytime Phone #

KE

CR2E034 (5/00)