

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90004 015 \*\*\*150.00

DOCUMENT # **H33189**

1. Entity Name

*Engel Management*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*490 prospect ave*  
Suite, Apt. # etc.  
*#5*

*490 prospect ave*  
Suite, Apt. # etc.  
*#5*

City & State

City & State

*ft. miami, fl.*  
Zip *33143* County *Dade*

*ft. miami, fl.*  
Zip *33143* County *Dade*

4. FEI Number

Applied For

*591188024*

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street

**Lillian S. Engel**  
**7130 Miraflores Avenue**  
**Coral Gables, FL 33143-6516**

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

*Lillian S. Engel*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<i>president</i>
NAME	<b>Lillian S. Engel</b>
STREET ADDRESS	<b>7130 Miraflores Avenue</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33143-6516</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Lillian S. Engel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/28/2004* *305 46617305*

CR2E034B (12/02)