

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

160 NE WAVECREST WAY
 BOCA RATON FL 33432

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

4. FEI Number

65-0414020

Applied For

Not Applicable

Zip

33432

Country

FLA BEACH

Zip

33432

Country

FLA BEACH

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

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 \$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		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

561-347-8845

Daytime Phone #

CR2E034 (10/00)