

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90258 020 ***150.00

DOCUMENT # P93000036240

1. Entity Name
BJE TECHNICAL SALES, INC.

Principal Place of Business

~~340 SE MIZNER BLVD~~
~~APT 1301~~
~~BOCA RATON FL 33432~~

Mailing Address

~~340 SE MIZNER BLVD~~
~~APT 1301~~
~~BOCA RATON FL 33432~~

2. Principal Place of Business

21462 ST. ANDREWS GRAND CIRCLE

3. Mailing Address

21462 ST. ANDREWS GRAND CIRCLE

City & State

BOCA RATON, FL 33486

City & State

BOCA RATON, FL

4. FEI Number

65-0414020

Applied For

Not Applicable

Zip
33486

Country
PALM BEACH

Zip
33486

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

ENGEL, BARBARA J

~~340 SE MIZNER BLVD~~

~~APT 1301~~

~~BOCA RATON FL 33432~~

MIZNER BLVD
21462 ST. ANDREWS GRAND CIRCLE
BOCA RATON, FL 33486

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.

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ENGEL, BARBARA J	
STREET ADDRESS	100 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		
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21462 ST. ANDREWS GRAND CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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
NAME		
STREET ADDRESS		
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 *Bea Engel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

561-347-8855

Daytime Phone #

CR2E034 (9/01)