

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90174 041 ***150.00

DOCUMENT # P93000036240

1. Entity Name
BJE TECHNICAL SALES, INC.



Principal Place of Business
21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486

Mailing Address
21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486

2. Principal Place of Business
1300 COCONUT ROAD
Suite, Apt. #, etc.

3. Mailing Address
1300 COCONUT ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip
33432
Country
USA

City & State
BOCA RATON FL
Zip
33432
Country
USA

4. FEI Number 65-0414020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENGEL, BARBARA J
21462 ST ANDREWS GRAND CIRCLE NE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
LEE S. ENGEL
Street Address (P.O. Box Number is Not Acceptable)
1300 COCONUT ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee S. Engel Pres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-03
DATE

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	P	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, BARBARA J	
STREET ADDRESS	21462 ST ANDREWS GRAND CIRCLE NE	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENGEL, BEA	
STREET ADDRESS	1300 COCONUT RD	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	PRES LEE S. ENGEL	<input type="checkbox"/> Delete
NAME	LEE S. ENGEL	
STREET ADDRESS	1300 COCONUT ROAD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETED	
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 checked="" 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		

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: *Lee S. Engel Pres* 4-8-03 5613478855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)