

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90952 041 \*\*\*158.75

**DOCUMENT # P94000042203**

1. Entity Name

ENGECON, INC.

Principal Place of Business

459 EAST 55TH STREET  
HIALEAH FL 33013

Mailing Address

459 EAST 55TH STREET  
HIALEAH FL 33013

**B0057860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9872 Royal Cardigan Way  
Suite, Apt. #, etc.

3. Mailing Address

9872 Royal Cardigan Way  
Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach

4. FEI Number

65-0620702

Applied For

☒ Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WAITE, ROBERT G

280 RACQUET CLUB RD. #203

BLDG 112 EAST

FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name

Robert G. Waite (Address change only)

Street Address (P.O. Box Number is Not Acceptable)

9872 Royal Cardigan Way

City

WPB

FL

Zip Code

33411

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

3/26/02

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	PTD	<input type="checkbox"/> Delete
NAME	SARRION, LOURDES	
STREET ADDRESS	459 E. 55 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WAITE, ROBERT G.	
STREET ADDRESS	280 RACQUET CLUB RD #203 BLVD 112	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITE SARRION, LOURDES	
STREET ADDRESS	9872 Royal Cardigan Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waite, Robert G.	
STREET ADDRESS	9872 Royal Cardigan Way	
CITY-ST-ZIP	West Palm Beach, FL. 33411	
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:

*Louder Sarrion White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2002

Date

561-753-1467

Daytime Phone #

0136161 AV

CR2E034 (9/01)