

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028874

1. Entity Name
ENGAGE ENTERPRISES, INCORPORATED

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90022 002 ***150.00

Principal Place of Business 5001 HAYWOOD RUFFIN RD. ST. CLOUD FL 34771	Mailing Address 5001 HAYWOOD RUFFIN RD. ST. CLOUD FL 34771-8258
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>3669 Half Moon Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Orlando, Florida</i>
Zip	Country
<i>32812</i>	<i>USA</i>

4. FEI Number 59-3371689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARDAMA, CARLOS A
5001 HAYWOOD RUFFIN RD.
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent
Name *Myriam Cardama*
Street Address (P.O. Box Number is Not Acceptable)
3669 Half Moon Dr.
City *Orlando* FL Zip Code *32812*

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 *Cardama* president
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARDAMA, CARLOS A 5001 HAYWOOD RUFFIN RD. ST. CLOUD FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Myriam Cardama 3669 Half Moon Dr. Orlando, FL. 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDAMA, MYRIAM G 5001 HAYWOOD RUFFIN RD. ST. CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cardama* **REQUIRED** *4-19-00* *407-873-7603*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)