

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90039 008 \*\*\*150.00

DOCUMENT # P94000009716

1. Entity Name

MIAMI GARDENS GAS &amp; OIL, CORP.

Principal Place of Business

~~17800 N. BAY ROAD~~  
~~APT. 702~~  
~~N. MIAMI BEACH FL 33160~~

Mailing Address

~~17800 N. BAY ROAD~~  
~~APT. 702~~  
~~N. MIAMI BEACH FL 33160~~

2. Principal Place of Business

19333 COLLINS AVE

3. Mailing Address

Suite, Apt. #, etc.

1501

City &amp; State

SUNNY ISLES BEACH

City &amp; State

Zip

33160

Country

USA

Country

4. FEI Number

65-0467051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALICHMAN, DAVID

~~17800 N. BAY ROAD~~ 19333 COLLINS AVE~~APT. 702~~ 1501

N. MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

KALICHMAN DAVID

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

19333 COLLINS AVE # 1501

SUNNY ISLES BEACH

City

FL

Zip Code

33160

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 NAME ☐ Delete  
 P  
 KALICHMAN, DAVID  
 STREET ADDRESS ~~17800 N. BAY ROAD, APT. 702~~  
 CITY-ST-ZIP ~~N. MIAMI BEACH FL 33160~~

TITLE NAME ☐ Delete  
 ST  
 KALICHMAN, UTA  
 STREET ADDRESS ~~17800 N. BAY ROAD, APT. 702~~  
 CITY-ST-ZIP ~~N. MIAMI BEACH FL 33160~~

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

SIGNATURE REQUIRED

3-18-2002

305-932-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)