

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90118 020 \*\*\*150.00

**DOCUMENT # P94000009716**

1. Entity Name  
**MIAMI GARDENS GAS & OIL, CORP.**



Principal Place of Business  
**1933 COLLINS AVE  
1501  
SUNNY ISLES BEACH FL 33160**

Mailing Address  
**1933 COLLINS AVE  
1501  
SUNNY ISLES BEACH FL 33160**



2. Principal Place of Business  
**1933 Collins Ave  
Suite, Apt. #, etc.  
1501**

3. Mailing Address  
**1933 Collins Ave #1501  
Suite, Apt. #, etc.  
1501**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sunny Isles Beach Sunny Isles Beach FL**  
Zip  
**33160** 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  
1933 COLLINS AVE #1501  
#1501  
SUNNY BEACH ISLES FL 33160**

**7. Name and Address of New Registered Agent**

Name  
**Kalichman David**  
Street Address (P.O. Box Number is Not Acceptable)  
**1933 Collins Ave, #1501**  
City **Sunny Beach Isles** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KALICHMAN, DAVID	17600 N. BAY ROAD., APT. 702	N. MIAMI BEACH FL 33160	
ST	KALICHMAN, UTA	17600 N. BAY ROAD., APT. 702	N. MIAMI BEACH FL 33160	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4.21.2003** Daytime Phone #

CR2E034 (10/02)