

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063149

1. Entity Name

AGA ENGINEERING AND TRADING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90204 015 ***150.00

| | |
|--|--|
| Principal Place of Business C/O ALEXANDRE GOZMAN 107 MONADNO RD NEWTON MA 02467 US | Mailing Address C/O ALEXANDRE GOZMAN 107 MONADNO RD NEWTON MA 02467 US |
|--|--|

00003536



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. 107 MONADNOCK RD | 3. Mailing Address Suite, Apt. #, etc. 107 MONADNOCK RD |
|---|---|

| | | | |
|---------------------------|---------------------------|-----------------------------|-------------------------------|
| City & State NEWTON MA | City & State NEWTON MA | 4. FEI Number 59-3393149 | Applied For Not Applicable |
| Zip 02467 | Country USA | Zip 02467 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

MCMULLEN, JACK K
201 EAST PINE STREET #1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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, 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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BRODSKI, GRIGORY S 107 MONADNOCK RD NEWTON MA 02467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD GOZMAN, ALEXANDRE D 301 CYPRESS ST BROOKLINE MA 02445 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD GOZMAN, ALEXANDER 46 SEAVER STR BROOKLINE MA 02445 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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:

Alexander Gozman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2000 (617)5666430
Date Daytime Phone #

CR2E034 (9/99)