

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000063149**1. Entity Name
AGA ENGINEERING AND TRADING, INC.**Principal Place of Business**C/O ALEXANDRE GOZMAN
107 MONADNOCK RD.
NEWTON
02467

MA

US

Mailing AddressC/O ALEXANDRE GOZMAN
107 MONADNOCK RD.
NEWTON
02467

US

MA

2. Principal Place of Business

C/O GRIGORI BRODSKI

3. Mailing Address

C/O GRIGORI BRODSKI

Suite, Apt. #, etc.

107 MONADNOCK RD.

Suite, Apt. #, etc.

107 MONADNOCK RD.

City & State

NEWTON

MA

City & State

NEWTON

MA

Zip

02467

Country

US

Zip

02467

Country

US

4. FEI Number**59-3393149**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCMULLEN JACK K
301 EAST PINE STREET #1400

ORLANDO

32801

US

FL

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)

01/16/2001

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, 2001 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	VPSD	<input type="checkbox"/> Delete
NAME	GOAMAN ALEXANDER	
STREET ADDRESS	46 SEAVER ST	
CITY-ST-ZIP	BROOKLINE MA 02445	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BRODSKI GRIGORY S	
STREET ADDRESS	107 MONADNOCK RD	
CITY-ST-ZIP	NEWTON MA 02467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

VPSD

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)