

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90019 033 \*\*\*158.75

**DOCUMENT # M43090**

1. Entity Name

**ANDREWS & COPANS GAS & OIL, INC.**

Principal Place of Business

**1231 W. COPANS RD.  
POMPANO BEACH FL 33064**

Mailing Address

**1231 W. COPANS RD.  
POMPANO BEACH FL 33064**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**700 W. Hillsboro Blvd.  
Building 2 Suite 102  
Deerfield Beach FL  
33441  
US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2746969**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KALICHMAN, DAVID  
1231 COPANS RD.  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **Nathan Kalichman**  
Street Address (P.O. Box Number is Not Acceptable)  
**700 W. Hillsboro Blvd.  
Building 2 - Suite 102**  
City **Deerfield Beach** FL Zip Code **33441**

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

(NOTE: Registered Agent signature required when reinstating)

**3-1-02**  
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	PD	<input type="checkbox"/> Delete
NAME	KALICHMAN, DAVID	
STREET ADDRESS	1231 COPANS ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KALICHMAN, NATHAN	
STREET ADDRESS	1231 COPANS ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZALMAN, JAGUDA EU	
STREET ADDRESS	1231 W COPANIS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 W. Hillsboro Blvd. Bld 2-Suite 102	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 W. Hillsboro Blvd Bld 2-Suite 102	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 W. Hillsboro Blvd Bld 2 Suite 102	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nathan Kalichman 3-1-02 3600057**

Date

Daytime Phone #

CR2E034 (9/01)