

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91179 010 \*\*\*150.00

DOCUMENT # **M 43090**

1. Entity Name

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



**DO NOT WRITE IN THIS SPACE**

**90129891**

2. Principal Place of Business

**1231 W COPANS RD**

Suite, Apt. #, etc.

3. Mailing Address

**1231 W COPANS RD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**POMPANO BEACH FL**

City & State

**POMPANO BEACH FL**

4. FEI Number

**59-2746969**

Applied For

Not Applicable

Zip

**33064**

Country

**USA**

Zip

**33064**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**KALICHMAN, DAVID**

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

**1231 COPANS RD**

City

**POMPANO BEACH**

FL

Zip Code

**33064**

**DO NOT WRITE IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>PO</b>
NAME	<b>KALICHMAN DAVID</b>
STREET ADDRESS	<b>1231 W COPANS RD</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<b>STD</b>
NAME	<b>KALICHMAN NATHAN</b>
STREET ADDRESS	<b>1231 W COPANS RD</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<b>DO</b>
NAME	<b>ZALMAN, J</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DU</b>
NAME	<b>JAGUDAEV, ZALMAN</b>
STREET ADDRESS	<b>1231 W COPANS RD</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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 43003 954 9774523**

Date

Daytime Phone #

CR2E034B (12/02)