

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004274

1. Entity Name

THE SCHACKNOW MUSEUM OF FINE ARTS, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90033 036 ****61.25

Principal Place of Business

7080 4
NW 17TH ST
PLANTATION FL 33322 17

Mailing Address

10481 NW 17TH ST
PLANTATION FL 33322-6619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0996893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M
712 US HWY ONE, SUITE 400
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Max Jacob Schacknow

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

10481 NW 17th St

City

Plantation

FL

Zip Code

33322

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACKNOW, MAX	
STREET ADDRESS	10481 NW 17TH ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACKNOW, PAUL	
STREET ADDRESS	15 SHELDRAKE LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHACKNOW, SHARMA	
STREET ADDRESS	15 SHELDRAKE LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)