

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # **P97000067963**

1. Corporation Name
ARTIST GALLERY, INC.



Principal Place of Business
**620 NW 76 TERRACE
PLANTATION FL 33324**

Mailing Address
**620 NW 76 TERRACE
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

65-0783193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STIER, SHARI
1868 N UNIVERSITY DRIVE
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name

STIER, LISA

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

83 **620 NW 76th TERRACE**

84 City **PLANTATION**

FL

85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **SHACHR, HAN**
STREET ADDRESS **620 NW 76 TERRACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VSD** ☒ DELETE

NAME **STIER, SHARI**
STREET ADDRESS **620 NW 76 TERRACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **SHACHR, ILAN**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VSD** ☐ Change ☒ Addition

2.2 NAME **STIER, LISA**

2.3 STREET ADDRESS **620 NW 76 TERRACE**

2.4 CITY-ST-ZIP **PLANTATION, FL 33324**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LISA STIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

954-473-1643

Daytime Phone #