

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020562

1. Entity Name

FINE ART WHOLESALERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90138 006 ***150.00

Principal Place of Business

Mailing Address

1410 S.W. 29 AVENUE
POMPANO BEACH FL 33069

1410 S.W. 29 AVENUE
POMPANO BEACH FL 33069-4819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0822849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHACHR, ILAN
1868 N. UNIVERSITY DRIVE STE. 304
PLANTATION FL 33322

Name

ILAN SHACHR

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

1410 SW 29th Avenue

City

Pompano Beach, FL FL

Zip Code

33069

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTD	SHACHR, ILAN	1868 N. UNIVERSITY DRIVE STE. 304	PLANTATION FL 33322	<input type="checkbox"/>	PTD	ILAN SHACHR	1410 SW 29th AVENUE	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	GOLDBERG, RANDOLPH	1868 N. UNIVERSITY DR., SUITE 304	PLANTATION FL 33322	<input type="checkbox"/>	VSD	RANDOLPH GOLDBERG	1410 SW 29th AVENUE	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STIER, SHARI	1868 N. UNIVERSITY DR., SUITE 304	PLANTATION FL 33322	<input checked="" type="checkbox"/>	D	LISA STIER	1410 SW 29th AVENUE	POMPANO BEACH, FL 33069	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	GERMAN RESTREPO	1410 SW 29th AVENUE	POMPANO BEACH, FL 33069	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)