

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90077 043 \*\*\*158.75

**DOCUMENT # P98000020562**

1. Entity Name  
**FINE ART WHOLESALERS, INC.**

Principal Place of Business      Mailing Address  
**1410 S.W. 29 AVENUE**      **1410 S.W. 29 AVENUE**  
**POMPANO BEACH FL 33069**      **POMPANO BEACH FL 33069**

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**  
**1410 SW 29TH AVENUE**  
**POMPANO BEACH FL 33069**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PTD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>SHACHR, ILAN</b>	<b>1410 SW 29TH AVENUE</b>	<b>POMPANO BEACH FL 33069</b>		
	<b>VSD</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>GOLDBERG, RANDOLPH</b>	<b>1410 SW 29TH AVENUE</b>	<b>POMPANO BEACH FL 33069</b>		
	<b>D</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>STIER, LISA</b>	<b>1410 SW 29TH AVENUE</b>	<b>POMPANO BEACH FL 33069</b>		
				<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:**

*Shachr, Ilan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002  
 Date

954-917-4770  
 Daytime Phone #

CR2E034 (9/01)