

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074258

1. Entity Name

FINE ART WHOLESALER'S FRAMING DIVISION, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90050 018 ***158.75

Principal Place of Business

1410 S.W. 29 AVENUE
POMPANO BEACH FL 33069

Mailing Address

1410 S.W. 29 AVENUE
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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHACHR, ILAN
3101 S.W. 10TH STREET
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name ILAN SHACHR

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

1410 SW 29th Avenue

City Pompano Beach 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, 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	P RESTREPO, GERMAN 3101 S.W. 10TH STREET POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SHACHR, ILAN 3101 S.W. 10TH STREET POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GOLDBERG, RANDOLPH 3101 S.W. 10TH STREET POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1410 SW 29th Avenue Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1410 SW 29th Avenue Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VSTD ALTAMIRANO, RONALDO 1410 SW 29th Avenue Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D LISA STIER 1410 SW 29th Avenue Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002
Date

954-917-4770
Daytime Phone #

CR2E034 (9/01)