

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738018

1. Entity Name

MONACO I ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90116 018 ****61.25

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US



DO NOT WRITE IN THIS SPACE

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	Applied For
59-1758206	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUSNAK, ALEXANDER 397 MONACO I DELRAY BEACH FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINSTEN, ROSE 398 MONACO I DELRAY BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLUSKIN, OLIVE 412 MONACO I DELRAY BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORT, RENA 401 MOMACO I DELRAY BEACH FL 33484 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOLDSTIEN, JACK 402 MONACO I DELRAY BEACH FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOLD, BESS 390 MONACO I DELRAY BEACH FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rhe, max 421 Monaco I ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weinstein, Rose 398 Monaco I ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Port, Rena 401 Monaco I ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lichtenstein, Sid 387 Monaco I ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bidell, Pauline 426 Monaco I ☐ Change ☒ Addition

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: Rena Port 3/9/00 (561) 638-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)