

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90177 023 ****61.25

000468

DOCUMENT # 738018

1. Entity Name

MONACO I ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

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

59-1758206

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

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

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **FINE, MAX**
 CITY-ST-ZIP **421 MONACO I**
DELRAY BEACH FL

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WEINSTIEN, ROSE**
 CITY-ST-ZIP **398 MONACO I**
DELRAY BEACH FL

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **PLISKIN, OLIVE**
 CITY-ST-ZIP **412 MONACO I**
DELRAY BEACH FL

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **PORT, RENA**
 CITY-ST-ZIP **401 MONACO I**
DELRAY BEACH FL 33484

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LICHTENSTEIN, SID**
 CITY-ST-ZIP **387 MONACO I**
DELRAY BEACH FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BIDELL, PAULINE**
 CITY-ST-ZIP **426 MONACO I**
DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **Levy, Beverly**
 CITY-ST-ZIP **396 Monaco I**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Rusnak, Alexander**
 CITY-ST-ZIP **397 Monaco I**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

Date

Daytime Phone #

3/1/01 565-499-9412

CR2E037 (10/00)