

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746859

1. Entity Name

NORMANDY M ASSOCIATION, INC.

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

04-27-2000 90116 005 ****61.25

Principal Place of Business

Mailing Address

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

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

4. FEI Number

59-1953440

Applied For

Not Applicable

Zip

Country

Zip

Country

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	PD	<input type="checkbox"/> Delete
NAME	SHAPIRO, ETHEL	
STREET ADDRESS	586 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAND, MILTON	
STREET ADDRESS	617 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHRIBER, RUTH	
STREET ADDRESS	588 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSKOVITZ, FRANCIS	
STREET ADDRESS	579 NORMANDY M	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKSTEIN, SAM	
STREET ADDRESS	594 NORMANDY M	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shapiro, Ethel	
STREET ADDRESS	586 Normandy m	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brand, Milton	
STREET ADDRESS	617 Normandy m	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronis, Dora	
STREET ADDRESS	587 Normandy m	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Steinerberg 2/17/00 - 499-3872

Date

Daytime Phone #

CR2E037 (9/99)