

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749478

1. Entity Name

PIEDMONT "A" ASSOCIATION, INC.

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

04-27-2000 90116 014 ****61.25

Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US
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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 59-2029116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK IF 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 _____
 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SCHINDLER, ABE
STREET ADDRESS	16 PIEDMONT A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> Delete
NAME	KRAMER, JACK
STREET ADDRESS	25 PIEDMONT A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	MASKIN, VIVIAN
STREET ADDRESS	14 PEIDMONT A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	T <input type="checkbox"/> Delete
NAME	STONE, ABRAHAM
STREET ADDRESS	47 PIEDMONT A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	HIMMELFARB, JEAN
STREET ADDRESS	36 PIEDMONT A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHAIN, ESTER
STREET ADDRESS	10 PEIDMONT A
CITY-ST-ZIP	DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Cantor, Irene
CITY-ST-ZIP	17 Piedmont A
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: J. Schindler **SIGNATURE REQUIRED** 2/17/2000 498-0390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)