

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749479

1. Entity Name

PIEDMONT "B" ASSOCIATION, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90177 043 ****61.25

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

80034000



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

59-2058368

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 SD ☐ Delete
NAME STEINBERG, CHARLOTTE
STREET ADDRESS 82 PIEDMONT B
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☒ Addition
STREET ADDRESS PD Linkin, Irving
CITY-ST-ZIP 81 piedmont B

TITLE PD ☒ Delete
NAME HEYDT, ROBERT
STREET ADDRESS 55 PIEDMONT B
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE D ☒ Delete
NAME SCHWETIZER, ZELDA
STREET ADDRESS 68 PIEDMONT B
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE TD ☐ Delete
NAME BAROWSKY, MAX
STREET ADDRESS 59 PIEDMONT B
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE DD ☒ Delete
NAME BASSIN, MILTON
STREET ADDRESS 57 PIEDMONT B
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS VP Schweitzer, Harold
CITY-ST-ZIP 68 piedmont B

TITLE VPD ☒ Delete
NAME KIMELDORF, OSCAR
STREET ADDRESS 79 PIEDMONT B
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS PD Schweitzer, Zeldg
CITY-ST-ZIP 68 piedmont B

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

Harold Schweitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

Daytime Phone #

CR2E037 (10/00)