## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Unice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **749483** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name PIEDMONT "F" ASSOCIATION, INC. 04-27-2000 90116 017 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD 6300 PRK OF COMMERCE BLVD 1051 SOUTH ROGERS CIRCLE **BOCA RATON FL 33487** BOCA RATON FL 33487-8229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2029121 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON 6300 PK OF COMMERCE BLVD **BOCA RATON FL 33487** City 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. A ..... भंगीला । Signature, typed or printed name of registered agent and title if applicable SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE COHEN, YETTA NAME STREET ADDRESS STREET ADDRESS 251 PEIDMONT F CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME DEBOFF, FLORENCE NAME STREET ADDRESS 271 PIEDMONT F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE DALINKA, HILDA NAME NAME STREET ADDRESS STREET ADDRESS 280 PIEDMONT F CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE BERZIN, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 275 PIEDMONT F CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL VΡ Change ☐ Addition TITLE □ Delete TITLE STERN, MARILYN NAME NAME STREET ADDRESS 279 PIEDMONT F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE ☐ Change Addition Delete NAME Pollach, Adèle NAME STREET ADDRESS 286 PIEDMONT F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 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

Date Daytime Phone #