

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749483

1. Entity Name

PIEDMONT "F" ASSOCIATION, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90177 001 ****61.25

Principal Place of Business

6300 PARK OF COMMERCE BLVD
 1051 SOUTH ROGERS CIRCLE
 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

59-2029121

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 D
 STREET ADDRESS COHEN, YETTA
 CITY-ST-ZIP 251 PEIDMONT F
 DELRAY BEACH FL

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS DEBOFF, FLORENCE
 CITY-ST-ZIP 271 PIEDMONT F
 DELRAY BEACH FL

TITLE ☒ Change ☐ Addition
 NAME Deboff, Florence
 STREET ADDRESS 271 piedmont F
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME S
 STREET ADDRESS DALINKA, HILDA
 CITY-ST-ZIP 280 PIEDMONT F
 DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME PD
 STREET ADDRESS Ginsberg, Irving
 CITY-ST-ZIP 261 piedmont F

TITLE ☐ Delete
 NAME T
 STREET ADDRESS BERZIN, SHIRLEY
 CITY-ST-ZIP 275 PIEDMONT F
 DELRAY BEACH FL

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS STERN, MARILYN
 CITY-ST-ZIP 279 PIEDMONT F
 DELRAY BEACH FL

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS POLLACH, ADELE
 CITY-ST-ZIP 261 PIEDMONT F
 DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME SD
 STREET ADDRESS Grabel, Payline
 CITY-ST-ZIP 246 piedmont F

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)