

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749488

1. Entity Name

PIEDMONT "K" ASSOCIATION, INC.

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

04-27-2000 90121 005 ****61.25

Principal Place of Business: PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US

Mailing Address: PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2004498** 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

DELMAN, GEORGE
 KINGS POINT PIEDMONT K-507
 DELRAY BEACH FL 33445

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: WEINSTEIN, RUBIN STREET ADDRESS: 484 PIEDMONT K CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: VP NAME: BLOCH, BERNARD STREET ADDRESS: 501 PIEDMONT K CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: SD NAME: DELMAN, BLANCHE STREET ADDRESS: 507 PIEDMONT K CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: TD NAME: DELMAN, GEORGE STREET ADDRESS: KINGS PT. PIEDMONT K 407 CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: DD NAME: HIRSCHBERGER, MORTINI STREET ADDRESS: 486 PIEDMONT K CITY-ST-ZIP: DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: PLOTKIN, EVA STREET ADDRESS: 516 PIEDMONT K CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rubina Weinstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 498-4609
 Date Daytime Phone #

CR2E037 (9/99)