

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0051414

DOCUMENT # 749489

1. Entity Name

PIEDMONT "L" ASSOCIATION, INC.

04-26-2001 90144 015 *****61.25

Principal Place of Business C/O SFL SERVICES OF BOYNTON BEACH . INC. 660 NW 10TH CT BOYNTON BEACH FL 33426 US	Mailing Address C/O SFL SERVICES OF BOYNTON BEACH . INC. 660 NW 10TH CT BOYNTON BEACH FL 33426 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 S. Congress Avenue Suite, Apt. #, etc. Suite 17 City & State Boynton Beach, FL Zip 33426 Country USA	3. Mailing Address 3300 S. Congress Avenue Suite, Apt. #, etc. Suite 17 City & State Boynton Beach, FL Zip 33426 Country USA
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4. FEI Number 59-2039756	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SFL SERVICES OF BOYNTON BEACH, INC.
660 NW 10TH CT
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3300 S. Congress Avenue
Suite 17
City Boynton Beach FL Zip Code 33426

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 4/17/01
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZBERG, WILLY 569 PIEDMONT L DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD REISCH, JOSEPH 568 PIEDMONT L DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GELLER, JANET 532 PIEDMONT L DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOLDMAN, SYDNEY 556 PIEDMONT DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAHN, SIDNEY 553 PIEDMONT L DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIEWITZ, DANIEL 530 PIEDMONT L DELRAY BEACH FL 33484 <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
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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  DATE 4/17/01 527867059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)