2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 746961 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name NORMANDY Q ASSOCIATION, INC. 04-27-2000 90116 009 ****61.25 Principal Place of Business Mailing Address PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487-8229 **BOCA RATON FL 33487** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1991176 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSENWALD, JULIUS NORMANDY Q-812 KINGS POINT DELRAY BEACH FL FL 33445 Zip Code City 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. $\mathcal{L}_{ap}^{(a)}(\mathcal{L}_{ap}^{(a)}) = \mathcal{L}_{ap}^{(a)}(\mathcal{L}_{ap}^{(a)})^{-1}.$ SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition Delete BARON, MARION NAME NAME STREET ADDRESS 816 NORMANDY O STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** TITLE TITLE **Z** Delete ome fredclo, Tony STERN, JOSEF NAME NAME STREET ADDRESS STREET ADDRESS 799 NORMANDY Q CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33484 ☐ Delete TITLE TITLE GOLDBERG, BERTHA NAME NAME STREET ADDRESS STREET ADDRESS 773 NORMANDY Q CITY-ST-ZIP CITY-ST-7IP DELRAY BCH FL 33484 **ku**dition Delete TITLE TITLE JACOBS, SIDNEY NAME NAME Korn, Irving STREET ADDRESS STREET ADDRESS 804 NORMANDY Q CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** ☐ Addition Delete TITLE ROSENWALD, JULIUS NAME STREET ADDRESS 812 NORMANDY Q STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL** TITLE ☐ Delete ☐ Change ☐ Addition WOOLF, IRENE NAME NAME STREET ADDRESS STREET ADDRESS 809 NORMANDY Q 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE DECURED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

498-1975

Daytime Phone #