2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # **749480** May 02, 2000 8:00 am 1. Entity Name Secretary of State PIEDMONT "C" ASSOCIATION, INC. 05-02-2000 90157 036 ****61.25 Principal Place of Business Mailing Address PRIME MGMT GROUP INC. PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. 6300 PARK OF COMMERCE BLVD. **BOCA RATON FL 33487** BOCA RATON FL 33487-8229 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2058370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON 6300 PARK 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)AIST V.P. ☐ Addition Delete TITLE TITLE SCHECTER, SIDNEY NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS 131 PIEDMONT CITY-ST-ZIP CITY-ST-ZIP DELRAY, BEACH FL ☐ Delete TITLE TITLE NAME **BRUNO, CHIESA** NAME STREET ADDRESS STREET ADDRESS 116 PIEDMONT C CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33484 Change Change ☐ Addition ☐ Delete TITLE SD TITI F NAME FLORINE, KAYE NAME STREET ADDRESS STREET ADDRESS PIEDMONT C #102 CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐ Change ☐ Addition TITLE ☐ Delete TITLE GOLDBERGER, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS PIEDMONT C #117 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐ Addition ☐ Delete Change TITLE NAME RICHMAN, PHILIP NAME STREET ADDRESS STREET ADDRESS 127 PIEDMONT C CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** TITLE □ Delete TITLE Addition NAME HOLTZ, ARTHUR NAME STREET ADDRESS STREET ADDRESS PIEDMONT C 120 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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