

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749480**

1. Entity Name

PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business

**PRIME MGMT GROUP INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US**

Mailing Address

**PRIME MGMT GROUP INC.
6300 PARK 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

59-2058370

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWATT, MYRON
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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	1VP	☐ Delete
NAME	SCHecter, SIDNEY	
STREET ADDRESS	131 PIEDMONT C	
CITY-ST-ZIP	DELRAY BEACH FL	

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

TITLE	D	☐ Delete
NAME	BRUNO, CHIESA	
STREET ADDRESS	116 PIEDMONT C	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

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

TITLE	SD	☐ Delete
NAME	FLORINE, KAYE	
STREET ADDRESS	PIEDMONT C #102	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

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

TITLE	PD	☐ Delete
NAME	GOLDBERGER, BERNARD	
STREET ADDRESS	PIEDMONT C #117	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

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

TITLE	TD	☐ Delete
NAME	RICHMAN, PHILIP	
STREET ADDRESS	127 PIEDMONT C	
CITY-ST-ZIP	DELRAY BCH FL 33484	

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

TITLE	D	☐ Delete
NAME	HOLTZ, ARTHUR	
STREET ADDRESS	120 PIEDMONT C	
CITY-ST-ZIP	DELRAY BCH FL 33484	

TITLE	2VP	☒ Change ☐ Addition
NAME	Holtz, Arthur	
STREET ADDRESS	120 Piedmont C	
CITY-ST-ZIP		

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 #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90163 036 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)