FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # 743711** 1. Entity Name 04-22-2002 90329 042 ****61 BURGUNDY Q ASSOCIATION, INC. Mailing Address Principal Place of Business PRIME MANAGEMENT GROUP INC. PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD **5300 PK OF COMMERCE BLVD BOCA RATON FL 33487** OCA RATON FL 33487 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 59-1877792 Not Applicable Zip Country **\$8.75** Additional Zip Country 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 PK OF COMMERCE BLVD BOCA RATON FL 33487 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ø 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition PD TITLE Delete WEISS, LILA NAME NAME STREET ADDRESS 809 BURGUNDY Q STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition Delete TITLE TITLE DEGENSTEIN, SAM NAME NAME STREET ADDRESS 782 BURGUNDY Q STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Addition □ Change SD ☐ Defete TITLE TITLE BIEBER, DORIS NAME NAME STREET ADDRESS 777 BURGUNDY Q STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33484 Change ☐ Addition ☐ Delete TITLE TITLE PETRISINO, SANDRA NAME NAME STREET ADDRESS 806 BURGUNDY Q STREET ADDRESS 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.

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

LEIDER, BEA

TD

785 BURGUNDY Q

DELRAY BEACH FL

LEVINE, HENRY

813 BURGUNDY Q

DELRAY BEACH FL 33484

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZiP

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

□ Delete

Jan legenstein

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition