

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90177 016 ****61.25

0042397

DOCUMENT # 743711

1. Entity Name
BURGUNDY Q ASSOCIATION, INC.



Principal Place of Business
**PRIME MANAGEMENT GROUP INC.
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

Mailing Address
**PRIME MANAGEMENT GROUP INC.
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1877792**

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**SWATT, MYRON
6300 PK 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEISS, LILA | |
| STREET ADDRESS | 809 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DEGENSTEIN, SAM | |
| STREET ADDRESS | 782 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BIEBER, DORIS | |
| STREET ADDRESS | 777 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PETRISINO, SANDRA | |
| STREET ADDRESS | 806 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEIDER, BEA | |
| STREET ADDRESS | 785 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LEVINE, HENRY | |
| STREET ADDRESS | 813 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LILA WEISS | |
| STREET ADDRESS | 809 Burgundy Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Seymour Keilstock | |
| STREET ADDRESS | 770 Burgundy Q | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | Pres | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARVIN BENNETT | |
| STREET ADDRESS | 812 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILTON DONNENBERG | |
| STREET ADDRESS | 769 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEA KLEIDERZ | |
| STREET ADDRESS | 785 BURGUNDY Q | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 REQUIRED** *Levine* **3/24/03**

CR2E037 (10/02)