

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90108 034 ****61.25

DOCUMENT # 745867			
1. Entity Name BURGUNDY I ASSOCIATION, INC.			
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US		Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1920759				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULIK, HARRY KINGS PT. BURGUNDY I APARTMENT 388 DELRAY BEACH FL 33484			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIK, HARRY	NAME	Pulik, Harry
STREET ADDRESS	KINGS PT. BURGUNDY I 388	STREET ADDRESS	388 Burgundy I
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	D <input type="checkbox"/> Delete	TITLE	J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINOWITZ, JOSEPH	NAME	Dinowitz, Joseph
STREET ADDRESS	411 BURGUNDY I	STREET ADDRESS	411 Burgundy I
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LUCILLE	NAME	Hahn, Lucille
STREET ADDRESS	KINGS PT. BURGUNDY I 410	STREET ADDRESS	410 Burgundy I
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, ABRAHAM	NAME	
STREET ADDRESS	391 BURGUNDY I	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOLSKY, JACK	NAME	Abolsky, Jack
STREET ADDRESS	KINGS PT. BURGUNDY I 422	STREET ADDRESS	422 Burgundy I
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Diamond, Dora
STREET ADDRESS		STREET ADDRESS	424 Burgundy I
CITY-ST-ZIP		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 **3-9-10** Date _____ Daytime Phone # _____

CR2E037 (9/99)