

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
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

59-1920759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULIK, HARRY  
KINGS PT. BURGUNDY I  
APARTMENT 388  
DELRAY BEACH FL 33484

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	D	<input type="checkbox"/> Delete
NAME	PULIK, HARRY	
STREET ADDRESS	388 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	DINOWITZ, JOSEPH	
STREET ADDRESS	411 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAHN, LUCILLE	
STREET ADDRESS	410 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, ABRAHAM	
STREET ADDRESS	391 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABOLSKY, JACK	
STREET ADDRESS	422 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIAMOND, DORA	
STREET ADDRESS	424 BURGUNDY I	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

499-0785

Date

Daytime Phone #

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90017 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)