

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90157 036 ****61.25

DOCUMENT # 749480

1. Entity Name

PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**PRIME MGMT GROUP INC.
 6300 PARK 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

4. FEI Number

59-2058370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHECTER, SIDNEY	
STREET ADDRESS	131 PIEDMONT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNO, CHIESA	
STREET ADDRESS	116 PIEDMONT C	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLORINE, KAYE	
STREET ADDRESS	PIEDMONT C #102	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERGER, BERNARD	
STREET ADDRESS	PIEDMONT C #117	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHMAN, PHILIP	
STREET ADDRESS	127 PIEDMONT C	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZ, ARTHUR	
STREET ADDRESS	PIEDMONT C 120	
CITY-ST-ZIP	DELRAY BCH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1ST VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schechter, Sidney	
STREET ADDRESS	131 Piedmont C	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Bernard P. Goldberger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 498-7242
 Date Daytime Phone #

CR2E037 (9/99)