

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90121 004 \*\*\*\*61.25

**DOCUMENT # 749487**

1. Entity Name

**PIEDMONT "J" ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**PRIME MANAGEMENT GROUP, INC.  
 6300 PK 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

4. FEI Number

**59-1998536**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 PK 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GROSSBERG, JULES</b>	
STREET ADDRESS	<b>KINGS PT PIEDMONT J472</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILVARY, MARIE</b>	
STREET ADDRESS	<b>468 PEIDMONT J</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIMAN, RUTH</b>	
STREET ADDRESS	<b>KINGS PT PIEDMONT J459</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, YETTA</b>	
STREET ADDRESS	<b>KINGS PT. PIEDMONT J464</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELENOW, BESS</b>	
STREET ADDRESS	<b>441 PIEDMONT J.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, SELMA</b>	
STREET ADDRESS	<b>474 PEIDMONT J</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Schwartz, Morris</b>	
STREET ADDRESS	<b>468 Piedmont J.</b>	
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		

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/17/00**

Daytime Phone # **561-488-1724**

CR2E037 (9/99)