FILED
Aug 01, 2002 8:00 am
Secretary of State
05-21-2002 91236 040 ****61.25

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

DOCUMENT # N96000005364

1. Entity Name
ADDISON GREEN AT ABORDOON ASSOCIATON, INC.

40404

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PRIME MANAGEMENT GROUP, INC
Suite, Apt., etc.
6300 PARK OF COMMERCE BLVD
City & State
BOCA RATON, FL.
Zip 33487 Country USA

3. Mailing Address
PRIME MGMT GROUP INC
Suite, Apt., etc.
6300 PARK OF COMMERCE BLVD
City & State
BOCA RATON, FL.
Zip 33487 Country USA

4. FEI Number
650835510
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: SCOTT, MYRON
Street Address (P.O. Box Number is Not Acceptable)
PRIME MANAGEMENT
6300 PRK OF COMMERCE BLVD
City BOCA RATON FL Zip Code 33487

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: _____ 7/28/02
Signature of new or reinstated agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT/DIRECTOR
NAME	BRUCE SIROF
STREET ADDRESS	6861 SOUTHPORT DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VICE PRESIDENT/DIRECTOR
NAME	MURRAY ISEMAN
STREET ADDRESS	6871 SOUTHPORT DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	TREASURER/DIRECTOR
NAME	EDWIN CRAMER
STREET ADDRESS	6772 SOUTHPORT DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	SECRETARY/DIRECTOR
NAME	LILA RICHMAN
STREET ADDRESS	8135 MILPORT DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	DIRECTOR
NAME	SAUL LEDERMAN DVSE
STREET ADDRESS	6862 SOUTHPORT DR.
CITY-ST-ZIP	BOYNTON BEACH, FL. 33487
TITLE	DIRECTOR
NAME	RAE PRINCE
STREET ADDRESS	8576 MILPORT DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

CR2E078 (1/99)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 561-740-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #