

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 031 ****61.25

DOCUMENT # 744903

1. Entity Name

BURGUNDY J 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

59-1910561

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

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

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	FLEISHMAN, ROBERT	
STREET ADDRESS	444 BURGUNDY J	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, REUBEN	
STREET ADDRESS	KINGS PT. BURGUNDY J 453	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STERNLIEB, SYLVIA	
STREET ADDRESS	KINGS PT. BURGUNDY J 451	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, LOUIS	
STREET ADDRESS	448 BURGUNDY J	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ESTHER	
STREET ADDRESS	KINGS PT. BURGUNDY J 434	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, MILTON	
STREET ADDRESS	459 BURGUNDY J	
CITY-ST-ZIP	DELRAY BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pranis, Malvina	
STREET ADDRESS	461 Burgundy J	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katz, Miriam	
STREET ADDRESS	446 Burgundy J	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stolzenberg, Seymour	
STREET ADDRESS	462 Burgundy J	
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)