

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21690**

1. Entity Name

GOLDEN VISTA APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business

C/O DARYL B. CRAMER, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325

Mailing Address

C/O DARYL B. CRAMER, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325



2. Principal Place of Business

c/o Daryl Cramer & Asso., P.A.
Suite, Apt. #, etc.
515 N. Flagler Dr., #910

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc.
515 N. Flagler Dr., #910

P.A.

DO NOT WRITE IN THIS SPACE

City & State

W.P.B., FL

Zip
33401

Country

US

City & State

W.P.B., FL

Zip

33401

Country

US

4. FEI Number

59-3274355

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.
505 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name
Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
515 N. Flagler DR., #910

City

W.P.B.,

FL

Zip Code

33401

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 if applicable. NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$900,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000071988
NAME GOLDEN VISTA GENERAL PARTNER, INC.
STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 910
CITY - ST - ZIP WEST PALM BEACH FL 33401-3425

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GOLDEN VISTA GENERAL PARTNER, INC.

SIGNATURE: By: *[Signature]* REQUIRED

Fabrizio Lucchese, Secretary 4/27/00

905/882-121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #