

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90185 003 \*\*\*158.75

**DOCUMENT # P93000060940**

1. Entity Name

**BELLE RIVE GENERAL PARTNER, INC.**

Principal Place of Business

Mailing Address

**DARYL CRAMER AND ASSOC., P.A.**  
**515 NORTH FLAGLER DR., #910**  
**WEST PALM BEACH FL 33401-4325**

**DARYL CRAMER AND ASSOC., P.A.**  
**515 NORTH FLAGLER DR., #910**  
**WEST PALM BEACH FL 33401-4325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**c/o Daryl Cramer & Assoc., P.A.**

**c/o Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**515 N. Flagler Dr., Ste 910**

**515 N. Flagler Dr., Ste. 910**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**USA**

**33401**

**USA**

4. FEI Number

**65-0472742**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARYL CRAMER AND ASSOC., P.A.**  
**515 NORTH FLAGLER DR., #910**  
**WEST PALM BEACH FL 33401-4325**

Name

**Daryl Cramer & Assoc., P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**515 N. Flagler Drive, Suite 910**

City

**West Palm Beach**

**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

**Daryl B. Cramer, President**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MYERS, WILLIAM P**  
STREET ADDRESS **9030 LESLIE STREET #308**  
CITY-ST-ZIP **RICHMOND HILL ONT. CA 14B1G2**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **LUCCHESE, FABRIZIO**  
STREET ADDRESS **9030 LESLIE STREET #308**  
CITY-ST-ZIP **RICHMOND HILL ONT. CA 14B1G2**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FABRIZIO LUCCHESE**

Date

Daytime Phone #

**905-882-1212**

CR2E034 (10/00)