

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90250 043 \*\*\*158.75

CR2E034 (10/02)

**DOCUMENT # P93000060940**

1. Entity Name

**BELLE RIVE GENERAL PARTNER, INC.**



Principal Place of Business  
**DARYL CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 500**  
**PALM BEACH GARDENS FL 33410**

Mailing Address  
**DARYL CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 500**  
**PALM BEACH GARDENS FL 33410**

**11017458**



2. Principal Place of Business  
**Daryl Cramer & Assoc., P.A.**

3. Mailing Address  
**Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

4. FEI Number  
**65-0472742**

Applied For

Not Applicable

Zip  
**33410** Country  
**USA**

Zip  
**33410** Country  
**USA**

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 & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Boulevard**

**Suite 508**

City  
**Palm Beach Gardens** **FL** Zip Code  
**33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Daryl B. Cramer, P.A.**

**4/22/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE  
**PD** ☐ Delete  
NAME  
**MYERS, WILLIAM P**  
STREET ADDRESS  
**105 WEST BEAVER CREEK, UNITS 9&10**  
CITY-ST-ZIP  
**RICHMOND HILL ONT.,CA L4B1G2**

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

TITLE  
**STD** ☐ Delete  
NAME  
**LUCCHESE, FABRIZIO**  
STREET ADDRESS  
**105 WEST BEAVER CREEK, UNITS 9&10**  
CITY-ST-ZIP  
**RICHMOND HILL ONT.,CA L4B1G2**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 607, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fabrizio Lucchese** **4-08-03** **905-882-1212**

Date

Daytime Phone #