

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071988

1. Entity Name

GOLDEN VISTA GENERAL PARTNER, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90191 001 *1,746.25

Principal Place of Business

Mailing Address

C/O DARYL B. CRAMER P.A.
 515 N. FLAGLER DR. STE. 910
 W. PALM BEACH FL 33401-4325
 US

C/O DARYL B. CRAMER P.A.
 515 N. FLAGLER DR. STE. 910
 W. PALM BEACH FL 33401-4325
 US

11100



P.A.

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., #910

515 N. Flagler Dr., #910

City & State

City & State

W.P.B., FL

W.P.B., FL

4. FEI Number

65-0461956

Applied For

Not Applicable

Zip

Country

Zip

Country

US

33401

US

33401

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

CRAMER, DARYL B P.A.
 515 N. FLAGLER DR.
 STE. 910
 WEST PALM BEACH FL 33401-4325

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 and agent of change

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 MYERS, WILLIAM P
 9030 LESLIE ST., #308, RICHMOND HILL
 ONTARIO, CANADA L4B 1G2 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 LUCCHESI, FABRIZIO
 9030 LESLIE ST #308
 RICHMOND HILL ON ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese, Secretary

4/27/00

905/882-1212

Daytime Phone #

CR2E034 (9/99)