

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90185 001 ***158.75

DOCUMENT # P93000071988

1. Entity Name

GOLDEN VISTA GENERAL PARTNER, INC.

Principal Place of Business

Mailing Address

DARYL B CRAMER AND ASSOC., P.A.
515 N. FLAGLER DR. STE. 910
W. PALM BEACH FL 33401-4325
US

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515 N. FLAGLER DR. STE. 910
W. PALM BEACH FL 33401-4325
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARYL B CRAMER AND ASSOC., 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 Drive, Suite 910

City

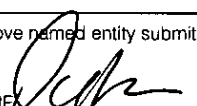
West Palm Beach

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**

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

(NOTE: Registered Agent signature required when reinstating)

4/6/01

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:  **FABRIZIO LUCCHESI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25/01

Date

905-882-1212

Daytime Phone #

CR2E034 (10/00)