

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90058 039 ***158.75

DOCUMENT # P93000071988

1. Entity Name
GOLDEN VISTA GENERAL PARTNER, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Daryl Cramer & Assoc., P.A.
 Suite, Apt. #, etc.
515 N. Flagler Dr., Ste. 910

3. Mailing Address
Daryl Cramer & Assoc., P.A.
 Suite, Apt. #, etc.
515 N. Flagler Dr., Ste 910

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip **33401** **Country** **USA**

Zip **33401** **Country** **USA**

4. FEI Number **65-0461956**

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 AND ASSOC., P.A.
515 N. FLAGLER DR.
STE. 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 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 *[Signature]*
 Signature of the registered agent or the person authorized to change the registered agent or both, in the State of Florida.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/14/02*

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ **Delete**

NAME **MYERS, WILLIAM P**

STREET ADDRESS **9030 LESLIE ST., #308, RICHMOND HILL**

CITY-ST-ZIP **ONTARIO, CANADA L4B 1G2**

TITLE **SD** ☐ **Delete**

NAME **LUCCHESI, FABRIZIO**

STREET ADDRESS **9030 LESLIE ST #308**

CITY-ST-ZIP **RICHMOND HILL ON**

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P,T,D** ☒ **Change** ☐ **Addition**

NAME **Myers, William P.**

STREET ADDRESS **105 West Beaver Creek, Units 9 & 10**

CITY-ST-ZIP **Richmond Hill, Ontario Canada L4B 1C6**

TITLE **S,D.** ☒ **Change** ☐ **Addition**

NAME **Lucchese, Fabrizio**

STREET ADDRESS **105 West Beaver Creek, Units 9 & 10**

CITY-ST-ZIP **Richmond Hill, Ontario Canada L4B 1C6**

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02

905-882-1212

Date

Daytime Phone #

CR2E034 (9/01)