

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081678

1. Entity Name

PARADISE CAY 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
515 N. FLAGLER DR., SUITE 910 C O D. CRAMER W. PALM BCH FL 33401-4325	515 N. FLAGLER DR., SUITE 910 C O D. CRAMER W. PALM BCH FL 33401-4325

11151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Daryl Cramer & Assoc., P.A.	3. Mailing Address c/o Daryl Cramer & Assoc., P.A.
---	---

Suite, Apt. #, etc. 515 N Flagler Dr., #901	Suite, Apt. #, etc. 515 N. Flagler Dr., #910
--	---

City & State W.P.B., FL	City & State W.P.B., FL
----------------------------	----------------------------

Zip 33401	Country US	Zip 33401	Country US
--------------	---------------	--------------	---------------

4. FEI Number 65-0880726	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAMER, DARYL B  
515 N. FLAGLER DR., SUITE 910  
W. PALM BCH 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.
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] President DATE 4/27/00  
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, 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	VSD MYERS, WILLIAM P 9030 LESLIE ST., SUITE 308 RICHMOND HILL, ONTARIO74B1G2	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUCCHESI, FABRIZIO 9030 LESLIE ST., SUITE 308 RICHMOND HILL, ONTARIO74B1G2	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] Fabrizio Lucchesi, President 4/27/00 905/882-1211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)