

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081678

1. Entity Name

PARADISE CAY GENERAL PARTNER, INC.

Principal Place of Business

DARYL CRAMER AND ASSOC., P.A.
515N FLAGLER DR. #901
W. PALM BCH FL 33401-4325

Mailing Address

DARYL CRAMER AND ASSOC., P.A.
515N FLAGLER DR. #901
W. PALM BCH FL 33401-4325

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

3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.
515 N. Flagler Dr., Ste 910

Suite, Apt. #, etc.
515 N. Flagler Dr., Ste 910

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip 33401

Zip 33401

Country USA

4. FEI Number 65-0880726

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DARYL CRAMER AND ASSOC., P.A.
515 N FLAGLER DR. #910
DARYL CRAMER AND ASSOC., P.A.
W. PALM BCH FL 33401-4325

7. Name and Address of New Registered Agent

Name Daryl Cramer & Assoc., P.A.

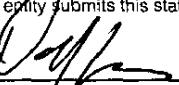
Street Address (P.O. Box Number is Not Acceptable)

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)

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

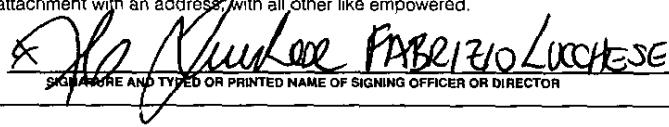
10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, WILLIAM P		NAME	
STREET ADDRESS	9030 LESLIE ST., SUITE 308		STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONTARIO N0B 1G2		CITY-ST-ZIP	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCHESE, FABRIZIO		NAME	
STREET ADDRESS	9030 LESLIE ST., SUITE 308		STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONTARIO N0B 1G2		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23 2001 905-882-1212

Date

Daytime Phone #

0282140

CR2E034 (10/00)