

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000081678**

1. Entity Name

PARADISE CAY GENERAL PARTNER, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90186 046 ***158.75

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**C0058603**

2. Principal Place of Business

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

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0880726

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA5. Certificate of Status Desired ☒**\$8.75 Additional**
Fee Required

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

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

Daryl B. Cramer, President

(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ Delete
NAME **MYERS, WILLIAM P**
STREET ADDRESS **9030 LESLIE ST., SUITE 308**
CITY-ST-ZIP **RICHMOND HILL, ONTARIO74B1G2**TITLE **PTD** ☐ Delete
NAME **LUCCHESI, FABRIZIO**
STREET ADDRESS **9030 LESLIE ST., SUITE 308**
CITY-ST-ZIP **RICHMOND HILL, ONTARIO74B1G2**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)