

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90303 003 ***158.75

DOCUMENT # P98000090411

1. Entity Name
2000 GENERAL, INC.



Principal Place of Business
2090 PALM BEACH LAKES BLVD. #702
WEST PALM BEACH, FL 33409

Mailing Address
2090 PALM BEACH LAKES BLVD. #702
WEST PALM BEACH, FL 33409

94049298



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0870623

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, WILTON L ESQ.
625 NORTH FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME MCCLOSKEY, MICHAEL P
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. #700
CITY-ST-ZIP WEST PALM BEACH, FL 33409

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

TITLE D ☐ Delete
NAME CAMERON-HAYES, JONATHAN
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. #700
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE Vice President ☒ Change ☐ Addition
NAME Jonathan Cameron-Hayes
STREET ADDRESS 2090 Palm Beach Lakes Blvd. #700
CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D ☐ Delete
NAME PERRY, RICHARD
STREET ADDRESS 179 EAST 71ST STREET #3
CITY-ST-ZIP NEW YORK, NY 10021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Ron H. Bowman
STREET ADDRESS 560 Lexington Avenue
CITY-ST-ZIP New York, NY 10001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

(561) 615-3903