

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90076 027 ***150.00

DOCUMENT # P98000049682

1. Entity Name
G.M. GOLD STAR JEWELRY, INC.

Principal Place of Business 1 NE 1ST ST., #8 MIAMI FL 33132	Mailing Address C/O PEREZ, BEHAR & ASSOC., INC. 13935 NW 1ST AVENUE MIAMI FL 33168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NE 1ST ST.	3. Mailing Address
Suite, Apt. #, etc. # 14	Suite, Apt. #, etc.

City & State MIAMI FL	City & State	4. FEI Number 65-0842672	Applied For <input type="checkbox"/> Not Applicable
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Zip 33132	Country DADE	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, BEHAR & ASSOCIATES, INC. 13935 NW 1ST AVENUE MIAMI FL 33168		7. Name and Address of New Registered Agent	
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.

SIGNATURE _____ DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKHASOV, BORIS 4101 PINETREE DR., APT. 1608 MIAMI BCH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORIS PINKHASOV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3025 ROYAL PALM AVE MIAMI BEACH, FL 33140
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
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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: **BORIS PINKHASOV** DATE: **4/9/2001** DAYTIME PHONE #: **305-688-9694**

CR2E034 (10/00)