2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/21/03--01047--012 **550.00

DOCUMENT # F96000006779

1. Entity Name
GOLD CONCEPT, INC. OF TEXAS

Principal Place of Business	Mailing Address
9521 S. ORANGE BLOSSOM TRAIL SUITE 117B ORLANDO, FL 32837	9521 S. ORANGE BLOSSOM TRAIL SUITE 117B ORLANDO, FL 32837

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-2678808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALANDRINO, PHILIP K PA
7232 SAND LAKE ROAD, SUITE 201
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name Philip K. Calandrino, P.A.
Street Address (P.O. Box Number Is Not Acceptable)
29 East Pine Street
City Orlando FL Zip Code 32801

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 NAME STREET ADDRESS CITY-ST-ZIP	P RAJAN, ARIF 9401 W. COLONIAL DR. #116 OCOEE, FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAJAN, ARIF 9521 S. ORANGE Blossom Trail #117B ORLANDO - FL - 32837	[ ] Change [ ] Addition
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CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: [signature] 7/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #