

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90096 022 \*\*\*158.75

**DOCUMENT # L39522**

1. Entity Name

**GULFSTREAM JEWELERS, INC.**

Principal Place of Business  
**2001 NORTH FEDERAL HIGHWAY**  
**DELRAY BEACH FL 33483**  
**US**

Mailing Address  
**112 CITRUS PARK CIRCLE**  
**BOYNTON BEACH FL 33436**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0162073**

Applied For  
 Not Applicable

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

**FISHMAN, ALAN B.**  
**1680 MERIDAN AVE.**  
**SUITE 514**  
**MIAMI BEACH FL 33139**

Name  
**SHEILA NUZZOLO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**112 CITRUS PARK CIRCLE**  
 City  
**BOYNTON BEACH FL** Zip Code  
**33436**

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 *Sheila Nuzzolo*  
 Signature, typed or printed name of registered agent, as applicable.

**SHEILA NUZZOLO**  
**PRESIDENT**

1/17/01  
 DATE

(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)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NUZZOLO, SHEILA	112 CITRUS PARK CIRCLE	BOYNTON BEACH FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NUZZOLO, SHEILA	112 CITRUS PARK CIRCLE	BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Sheila Nuzzolo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHEILA NUZZOLO**  
**PRESIDENT**

1/17/01  
 Date

(561) 330-1074  
 Daytime Phone #

CR2E034 (10/00)