

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041088

1. Entity Name

GOLD COAST FINE JEWELRY & DIAMONDS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90160 004 \*\*\*150.00

Principal Place of Business

6801 ~~ATMINATA~~ OAK CT.  
 1  
 PALM BCH. GARDENS FL 33410  
 US

Mailing Address

P.O. BOX 147  
 FT. LAUDERDALE FL 33302-0147

2. Principal Place of Business

6801 GEMINATA OAK CT.  
 Suite, Apt. #, etc.

3. Mailing Address

4521 PGA BLVD  
 Suite, Apt. #, etc.  
 P.M.B. 377



DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL 4. FEI Number 65-0686857 Applied For Not Applicable

Zip 33410 Country USA Zip 33418 Country USA 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

DARCEY, GABRIELLE  
 6801 ~~ATMINATA~~ OAK CT.  
 PALM BEACH GARDENS FL 33410

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 GABRIELLE DARCEY 4-28-2000  
 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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	PSD DARCEY, GABRIELLE 6801 <del>ATMINATA</del> OAK CT. PALM BEACH GARDENS FL 33410 <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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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: GABRIELLE DARCEY 4-28-2000 (954)224-1146  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)