

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90071 042 ***150.00

DOCUMENT # P96000041088

1. Entity Name
GOLD COAST FINE JEWELRY & DIAMONDS, INC.



Principal Place of Business
6801 GEMINATA OAK CT.

1
PALM BCH. GARDENS FL 33410
US

Mailing Address
4521 PGA BLVD
PMB 377
WEST PALM BEACH FL 33418
US

2. Principal Place of Business
516 FAIRWIND DR.

Suite, Apt. #, etc.
1000

City & State
NORTH PALM BEACH

Zip **33408** Country **FLA**

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State

Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0686857**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

NEW ADDRESS

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
516 FAIRWIND DRIVE
City **NORTH PALM BEACH FL** Zip Code **33408**

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 **GABRIELLE DARCEY** **3-26-03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **DARCEY, GABRIELLE**
STREET ADDRESS **6801 GEMINATA OAK CT.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **516 FAIRWIND DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **GABRIELLE DARCEY** **3-26-03** **(561) 723-9217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)