

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000074351**1. Entity Name  
**GOLD CRAFTS & PRECIOUS STONES, INC.**

Principal Place of Business 4471 NORTHWEST 36TH STREET SUITE 223 MIAMI SPRINGS 33166 FL	Mailing Address 4471 NORTHWEST 36TH STREET SUITE 223 MIAMI SPRINGS 33166 FL
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2. Principal Place of Business 600 FORREST DRIVE	3. Mailing Address P.O. BOX 660037
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI SPRINGS FL	City & State MIAMI SPRINGS FL
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Zip 33166	Country	Zip 33266	Country
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4. FEI Number <b>65-0715432</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SPIEGEL & UTRERA, P.A.**  
343 ALMERIA AVENUE  
  
**CORAL GABLES**  
33134  
US  
FL**7. Name and Address of New Registered Agent**

Name <b>ARBOLEDA JULIO EPSTD</b>
Street Address (P.O. Box Number is Not Acceptable) <b>600 FORREST DRIVE</b>
City <b>MIAMI SPRINGS</b>
FL Zip Code <b>33166</b>

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 **JULIO E. ARBOLEDA****05/01/2001**

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, 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARBOLEDA JULIO E 4471 NORTHWEST 36TH STREET MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARBOLEDA JULIO E 600 FORREST DRIVE MIAMI SPRINGS FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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: Julio E. Arboleda**PSTD **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)