

# 2001 UNIFORM BUSINESS REPORT (UBR)

08-21-2001 90036 020 \*\*\*150.00  
P00000031302

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DOCUMENT # P00000031302

1. Entity Name

SAY IT WITH BEADS, INC.

Principal Place of Business

1701 N.W. 107TH AVE.  
PLANTATION FL 33322

Mailing Address

1701 N.W. 107TH AVE.  
PLANTATION FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1010833

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, RISA  
1701 N.W. 107TH AVE.  
PLANTATION FL 33322

7. Name and Address of New Registered Agent

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

*Risa Silverman*

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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: D  
NAME: SILVERMAN, RISA  
STREET ADDRESS: 1701 N.W. 107TH AVE.  
CITY- ST- ZIP: PLANTATION FL 33322

☐ Delete

TITLE: D  
NAME: SILVERMAN, LAWRENCE  
STREET ADDRESS: 1701 N.W. 107TH AVE.  
CITY- ST- ZIP: PLANTATION FL 33322

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

☐ Delete

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NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

☐ Change ☐ Addition

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STREET ADDRESS:   
CITY- ST- ZIP:

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

☐ Change ☐ Addition

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:

*Risa Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/01

Date

(904) 236-6793

Daytime Phone #

CR2E034 (5/01)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 14 PM 2:07



DO NOT WRITE IN THIS SPACE

09/14/2001 13:04 9547978353  
Sep 11 01 02:47p Jay S. Mendell

REP. ROGER WISHNER  
708 810-3773

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Aug 11 01 11:19a

Richard Flusberg, P.A.

9548461802

P. 2

**RICHARD FLUSBERG, P.A.**  
Certified Public Accountant  
13419 NW 6<sup>th</sup> Drive  
Plantation, Florida 33325

(954) 846-1800

FAX (954) 846-1802

August 08, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

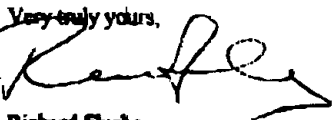
RE: Say It With Beads, Inc.  
Employer ID # 65-1010833

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report and check for \$150 in payment thereof for the above referenced taxpayer. Taxpayer never received the first notice. As this is a first time filing for taxpayer, we hope you will accept this payment of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

  
Richard Flusberg  
Certified Public Accountant

CC: Risa Silverman