

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G90769

1. Entity Name

HOUSE OF BEADS, INC

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90151 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~825 LINCOLN RD MALL~~  
~~MIAMI BEACH FL 33139~~

~~940 LINCOLN RD MALL~~  
~~SUITE 204~~  
MIAMI BEACH FL 33139 3640

2. Principal Place of Business

3. Mailing Address

825 Lincoln Rd Mall

3056 NW 5th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Beach, FL

City & State

MIAMI FL

4. FEI Number

59-2387802

Applied For

Not Applicable

Zip

33139

Country

Zip

33125

Country

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

GALINDO, PASTOR

~~940 LINCOLN ROAD MALL~~

~~#204~~

~~MIAMI BEACH FL 33139~~

Name

PASTOR GALINDO

Street Address (P.O. Box Number is Not Acceptable)

3056 NW 5th street

City

MIAMI

FL

Zip Code

33125

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

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/2000

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 PSD ☐ Delete  
NAME GALINDO, PASTOR  
STREET ADDRESS 825 LINCOLN RD MALL  
CITY-ST-ZIP MIAMI BCH. FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALINDO, RUBY A  
STREET ADDRESS 825 LINCOLN RD.  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALINDO, GLORIA  
STREET ADDRESS 940 LINCOLN RD MALL SUITE 204  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALINDO, VANESSA  
STREET ADDRESS 940 LINCOLN RD MALL SUITE 204  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PACHON, NANCY  
STREET ADDRESS 940 LINCOLN RD MALL SUITE 204  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ABEL GALINDO  
STREET ADDRESS 825 LINCOLN RD.  
CITY-ST-ZIP MIAMI Beach FL 33139.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/99

CR2E034 (9/99)