

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91152 047 \*\*\*150.00

DOCUMENT # G90769

1. Entity Name

**HOUSE OF BEADS INC**

768752



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

**2635A NW 20TH. ST.**

3. Mailing Address

**2635A NW 20TH. ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**59-2387880**

Applied For

Not Applicable

Zip

**33125**

Country

**MIAMI-DADE**

Zip

**33125**

Country

**MIAMI, DADE**

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

**PASTOR GALINDO**

Name

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

**2635A NW 20TH. ST.**

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

*Pastor Galindo*

**05/01/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

☐ Change ☐ Addition

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TITLE **P** ☐ Delete  
NAME **GALINDO, PASTOR E**  
STREET ADDRESS **2635A NW 20TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete  
NAME **2635A NW 20TH. ST**  
STREET ADDRESS **MIAMI, FL 33125**  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

*Pastor Galindo*

**05/01/01**

**(305) 635-4505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR