

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058474

1. Entity Name

BEADS BY DESIGNS, INC.

Principal Place of Business

3001 SOUTH OCEAN DRIVE SUITE 100
HOLLYWOOD FL 33019

Mailing Address

3001 SOUTH OCEAN DRIVE SUITE 100
HOLLYWOOD FL 33019

2. Principal Place of Business

400 Leslie Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 1026

Same

City & State

Hallandale, Florida

City & State

Same

Zip

33009-2910

Country

Broward

Zip

Same

Country

Same

4. FEI Number

65-1017809

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PSD
NAME KLUFT, BARRI L.
STREET ADDRESS 3001 SOUTH OCEAN DRIVE SUITE 100
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE VTD
NAME SEROTA, SELMA
STREET ADDRESS 3001 SOUTH OCEAN DRIVE SUITE 100
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME KLUFT, BARRI L.
STREET ADDRESS 400 Leslie Drive
CITY-ST-ZIP Hallandale, FL. 33009-2910 ☒ Change ☐ Addition

TITLE VTD
NAME SEROTA, SELMA
STREET ADDRESS 400 Leslie Dr.
CITY-ST-ZIP Hallandale, FL. 33009-2910 ☒ Change ☐ Addition

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

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

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

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:

Barr L Kluft Barr L Kluft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

954 456 9023

Daytime Phone #

0101890

CR2E034 (10/00)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90102 049 ***150.00

CU014702



DO NOT WRITE IN THIS SPACE