

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90449 015 ***150.00

DOCUMENT # P9500000 9537

1. Entity Name

FANCY BEADS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3132 NW 7th St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FLORIDA

City & State

SAME

Zip

33125

Country

Zip

Country

4. FEI Number

65-0554675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA MARTINEZ

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

2150 SAN SOUCI BLVD # 304

City

NORTH MIAMI

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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

Maria Martinez

MARIA MARTINEZ

04/25/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES
MARTINEZ, MARIA
2150 SAN SOUCI BLVD # 304
NORTH MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Martinez

MARIA MARTINEZ

4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #