

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091532

1. Entity Name  
**MYSTICAL INVESTMENTS, INC.**

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

05-23-2001 90216 001 13,650.00

Principal Place of Business <b>343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <del><b>343 ALMERIA AVENUE CORAL GABLES FL 33134</b></del>
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2. Principal Place of Business <b>1840 SW 22 Street</b>	3. Mailing Address <b>the same</b>
Suite, Apt. #, etc. <b>4th Floor</b>	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State
Zip <b>33145</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	
7. Name and Address of New Registered Agent Name <b>Spiegel &amp; Utrera, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1840 SW 22 Street</b> <b>4th Floor</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</b>	

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 *By: Spiegel & Utrera, P.A.* **4/27/01**  
Signature, typed or printed name of registered agent and date of application (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>Sanchez, Elsie</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Sanchez, Elsie</b>		NAME	
STREET ADDRESS <b>1840 SW 22 Street, 4th Floor</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Miami, Florida 33145</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Elsie Sanchez* **4/27/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)