

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90336 007 ***150.00

DOCUMENT # P01000024686

1. Entity Name
MISTIQUE EMPIRE, INC.

Principal Place of Business
5100 45TH STREET, #3-D
WEST PALM BEACH FL 33407

Mailing Address
5100 45TH STREET, #3-D
WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5139 Caribbean Blvd.
Suite, Apt. #, etc. 822

3. Mailing Address
5139 Caribbean Blvd.
Suite, Apt. #, etc. 822

City & State
West Palm Beach, FL
Zip
33407
Country
U.S.A.

4. FEI Number
05-1081912
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WRIGHT, VALERIE
5100 45TH STREET, #3-D
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name
Valerie Wright
Street Address (P.O. Box Number is Not Acceptable)
5139 Caribbean Blvd #822
City
West Palm Beach
FL
Zip Code
33407

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
Valerie Wright
 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Valerie Wright
5139 Caribbean Blvd, #822
West Palm Beach, FL 33407

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
(561) 582-0569
 Date Daytime Phone #

CR2E034 (9/01)