

FILED  
Sep 15, 2003 8:00 am  
Secretary of State

09-15-2003 90153 027 \*\*\*150.00

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

DOCUMENT # P01000024686

1. Entity Name

Mistigue Empire, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5139 Caribbean Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite # 822

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33407

Country

US

Zip

Country

4. FEI Number

65-1081912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

6/23/03

Date

Daytime Phone #

(561) 582-0569

CR2EN34B (12/02)

ATTACHMENT  
#P01000024686

80148124

# MISTIQUE EMPIRE, INC.

5139 Caribbean Blvd., Suite 822, West Pam Beach, Florida 33407

Phone: (561) 743-2458 502-8123

June 23, 2003

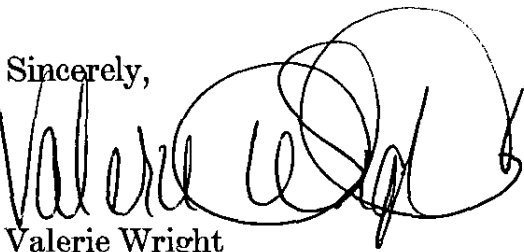
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Please find enclosed the completed Uniform Business Report for Mistique Empire, Inc., Document #P01000024686 and a check for \$150.00 for the filing fee.

I have not received notification in the mail and wish to keep my corporation active.

Sincerely,

A handwritten signature in black ink, appearing to read 'Valerie Wright', with a large, loopy flourish extending from the end of the signature.

Valerie Wright  
President