

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 032 ***150.00

0070285 AV

DOCUMENT # P02000048286

1. Entity Name
MYSTIQUE CUSTOM CABINETS INC



Principal Place of Business
550 NW 27TH AVE.
FT. LAUDERDALE FL 33311

Mailing Address
550 NW 27TH AVE.
FT. LAUDERDALE FL 33311

2. Principal Place of Business
1866 NW 38th Ave

3. Mailing Address
1866 NW 38th Ave

Suite, Apt. #, etc.
B-2

Suite, Apt. #, etc.
B-2

City & State
Lauderhill FL

City & State
Lauderhill FL

Zip
33311

Country

Zip
33311

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0443030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, MICHAEL G
550 NW 27TH AVE.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name **Michael Hamilton**
Street Address (P.O. Box Number is Not Acceptable) **1866 NW 38th Ave B-2**
City **Lauderhill** **FL** **Zip Code** **33311**

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 **President - Michael Hamilton**

7-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HAMILTON, MICHAEL G**
STREET ADDRESS **550 NW 27TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **HAMILTON, Michael G** ☒ Change ☐ Addition
NAME **1866 N.W. 38th Ave - B-2**
STREET ADDRESS **Lauderhill FL 33311**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

7-10-03

954-682-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)