

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067204

1. Entity Name

MYSTERY SOUND & LIGHTING, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90040 046 ***158.75

Principal Place of Business

3232 S.W. 2ND AVE
UNIT #105
FORT LAUDERDALE FL 33315

Mailing Address

3232 S.W. 2ND AVE
UNIT #105
FORT LAUDERDALE FL 33315-3330

2. Principal Place of Business

3200 South Andrews Ave

3. Mailing Address

3200 South Andrews Ave

Suite, Apt. #, etc.

118

City & State

Ft. Lauderdale FL

Zip

33016

Country

USA

Suite, Apt. #, etc.

118

City & State

Ft. Lauderdale FL

Zip

33016

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0776617

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARNE, CRAIG S
3232 S.W. 2ND AVE
UNIT #105
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name: Craig S. Charne
Street Address (P.O. Box Number is Not Acceptable)
3200 South Andrews Ave
Suite 118
City: Ft. Lauderdale FL Zip Code: 33316

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	CHARNE, CRAIG S	
STREET ADDRESS	2854 H, STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, JAYSEN A	
STREET ADDRESS	816 S.W. 16TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig S. Charne	
STREET ADDRESS	3956 Farragut St	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00 954-767-9101