

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043848

1. Entity Name

MYSTICAL PRODUCTIONS, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90040 049 \*\*\*158.75

Principal Place of Business

3232 SW 2ND AVE., #105  
FT. LAUDERDALE FL 33315

Mailing Address

3232 SW 2ND AVE., #105  
FT. LAUDERDALE FL 33315-3330

2. Principal Place of Business

3200 South Andrews ave.

Suite, Apt. #, etc.

Suite 118

City & State

Ft. Laud FL

Zip 33316

Country

USA

3. Mailing Address

3200 South Andrews ave.

Suite, Apt. #, etc.

Suite 118

City & State

Ft. Laud FL

Zip 33316

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0916906

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 SW 2ND AVE., #105

FT. 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. Laud

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.

Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-00

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  
NAME CHARNE, CRAIG S  
STREET ADDRESS 3232 SW 2ND AVE., #105  
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☐ Delete

TITLE VD  
NAME MOORE, JAYSEN A  
STREET ADDRESS 816 SW 17TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres.  
NAME Craig S. Charne  
STREET ADDRESS 3906 FARRAGUT ST  
CITY-ST-ZIP Hlud, FL 33021 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Pres.

Date

4-1-00

Daytime Phone #

954-767-9101