

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061327

1. Entity Name

MYSTICAL CONNECTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 24 AM 8:31

Principal Place of Business

6800 N.W. 7TH ST.
PLANTATION FL 33317

Mailing Address

6800 N.W. 7TH ST.
PLANTATION FL 33317

2. Principal Place of Business

6800 N.W. 7th Street
Suite, Apt. #, etc.

3. Mailing Address

6800 N.W. 7th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL
Zip 33317 Country USA

City & State

Plantation FL 33317
Zip 33317 Country USA

4. FEI Number

68-0931600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADILI, MIRMASOOD
6800 N.W. 7TH ST.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ADILI, MIRMASOOD
STREET ADDRESS 6800 N.W. 7TH ST.
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE VD
NAME ADILI, DAWN M
STREET ADDRESS 6800 N.W. 7TH ST.
CITY-ST-ZIP PLANTATION FL 33317 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Date

Daytime Phone #

7-10-2000

CR2E034 (5/00)

MYSTICAL CONNECTIONS, INC.

6800 N.W. 7TH STREET
Address Line 2
PLANTATION, FL
USA

Phone 954-533-65439
Email TAROTANGL7@AOL.COM

July 18, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS FILING
P.O. BOX 1500
TALLAHASSEE, FLA 32302-1500

TO WHOM IT MAY CONCERN,,

I AM WRITING THIS LETTER TO ACCOMPANY MY UNIFORM BUSSINESS REPORT . THE FIRST ONE I MAILED IN FEBUARY WAS NEVER RECEIVED BY YOUR OFFICE SO UNDER THE DIRECTION OF MR.MARK CORBETT A SUPERVISOR IN YOUR OFFICE I AM RESUBMITTING THE FORM AND A CHECK FOR 150.00 IF THERE ARE ANY FURTHER QUESTIONS PLEASE DO NOT HESITATE TO CONTACT MY OFFICE .

SINCERELY,
DAWN MARIE ADILI
MYSTICAL CONNECTIONS, INC.
VICE PRESIDENT