

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009118 AT

DOCUMENT # A99000001063

1. Entity Name
IMAGIK 6043, LTD.



Principal Place of Business
6043 NW 167TH STREET, #A23/24
MIAMI FL 33015

Mailing Address
6043 NW 167TH STREET, #A23/24
MIAMI FL 33015

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0931455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

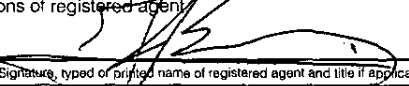
6. Name and Address of Current Registered Agent

FRAYND, SAUL
560 N.W. 165TH ROAD
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name SCHAMY GEORGE
Street Address (P.O. Box Number is Not Acceptable)
8011 NW 166 ST
City MIAMI FL Zip Code 33016

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.

01/09/03
DATE

9. Capital Contributions
as Shown on record. \$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 50000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000059154
NAME IMAGIK MANAGEMENT CORP.
STREET ADDRESS 6043 NW 167TH STREET, #A23/24
CITY-ST-ZIP MIAMI FL 33015

STREET ADDRESS
CITY-ST-ZIP 400010416114
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CITY-ST-ZIP

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/09/03 (305) 512-4567
Date Daytime Phone #

CR2E003 (10/02)