

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90273 041 ****50.00

DOCUMENT # L02000023025

1. Entity Name

IMA GLOBAL PRODUCTS LLC



Principal Place of Business

Mailing Address

7825 NE BAYSHORE CT. STE. 404
MIAMI FL 33138-6319

7825 NE BAYSHORE CT. STE. 404
MIAMI FL 33138-6319

44003406



2. Principal Place of Business

3. Mailing Address

21300 NE 8th CT
Suite, Apt. #, etc.

21300 NE 8th CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

North Miami Beach, FL

North Miami Beach, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

33179

USA

54-2073688

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOIX, MARLENE

7825 NE BAYSHORE CT. STE. 404
MIAMI FL 33138-6319

Name

BOIX, MARLENE

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

21300 NE 8th CT Unit 4

City

North Miami Beach

FL

Zip Code

33179

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 file if applicable.

(NOTE: Registered Agent Signature required when re-registering)

Marlene Boix

04/26/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRINCIPAL
Marlene Boix
21300 NE 8th CT Unit 4
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
Isaac Bulnes
21300 NE 8th CT Unit 4
North Miami Beach, FL 33179

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

04/26/03 (305) 651-3683

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR20083 (10/02)