2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State
05-31-2001 90006 046 ***150.00

DOCUMENT # P00000019691

1. Entity Name
IMAGIKS CORPORATION

Principal Place of Business | Mailing Address

D00057205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Bonnie Blvd	Same
Suite, Apt. #, etc. APT # 219	Suite, Apt. #, etc. as Principal Place
City & State Palm Springs FL	City & State of Business
Zip 33461 Country Palm Beach	Zip Country

4. FEI Number 65-0981512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUSTAVO JIMENEZ
201 Bonnie Blvd APT#219
Palm Springs FL 33461
GUS

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D, P, T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUSTAVO JIMENEZ	NAME	
STREET ADDRESS	201 BONNIE Blvd APT #219	STREET ADDRESS	
CITY-ST-ZIP	Palm SPrings FL 33461	CITY-ST-ZIP	
TITLE	D, V, S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTHA O. JIMENEZ	NAME	
STREET ADDRESS	201 BONNIE Blvd Apt#219	STREET ADDRESS	
CITY-ST-ZIP	Palm Springs FL 33461	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] GUSTAVO JIMENEZ PRESIDENT 5/25/01 (561) 737-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #