

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90062 032 ***150.00

DOCUMENT # P00000019691

1. Entity Name
IMAGIKS CORPORATION

Principal Place of Business

Mailing Address

201 BONNIE BLVD. APT #219
PALM SPRINGS FL 33461

201 BONNIE BLVD. APT #219
PALM SPRINGS FL 33461

2. Principal Place of Business

842 SELKIRK ST.

Suite, Apt. #, etc.

3. Mailing Address

842 SELKIRK ST.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

City & State

W. PALM BEACH, FL.

Zip

33405

Country

U.S.A.

Zip

33405

Country

U.S.A.

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

JIMENEZ, GUSTAVO

201 BONNIE BLVD, APT #219
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name

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

842 SELKIRK STREET

City

W. PALM BEACH

FL

Zip Code

33405

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 \$150.00
After May 1, 2002 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 **DPT** ☐ Delete
NAME **JIMENEZ, GUSTAVO**
STREET ADDRESS **201 BONNIE BLVD, APT #219**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **DVS** ☐ Delete
NAME **JIMENEZ, MARTHA O**
STREET ADDRESS **201 BONNIE BLVD, APT #219**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **842 SELKIRK STREET**
CITY-ST-ZIP **W. PALM BEACH, FL. 33405**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **842 SELKIRK STREET**
CITY-ST-ZIP **W. PALM BEACH, FL. 33405**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

.01-17-02 (561) 737-8788

CR2E034 (9/01)