

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059154

1. Entity Name

IMAGIK MANAGEMENT CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90123 049 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6043 NW 167TH STREET
A-23/24
MIAMI FL 33015

6043 NW 167TH STREET
A-23/24
MIAMI FL 33015-4326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAYND, SAUL
560 NW 165TH ROAD
MIAMI FL 33169

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 \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	FRAYND, SAUL	560 NW 165TH ROAD ET							
		MIAMI FL 33169								
	VD	VADILLO, PABLO	6043 NW 167TH STREET							
		MIAMI FL 33015								
	VD	FRAYND, PAUL	560 NW 165TH ROAD							
		MIAMI FL 33169								
	TD	SCHAMY, GEORGE	6043 NW 167TH STREET							
		MIAMI FL 33015								
	SD	FIAT, MONICA	6043 NW 167TH STREET							
		MIAMI FL 33015								

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (30c) 512-4567

Date

Daytime Phone #

CR2E034 (9/99)