FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854539 1. Entity Name CENTRAL GLOBAL EXPRESS, INC.					Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90047 047 ***158.75			
Principal Place of Business 12225 STEPHENS ROAD WARREN MI 48089		Mailing Address 12225 STEPHENS ROAD WARREN MI 48069			L JOBERT KOLOL BUTU BURDY BYFOR IYUG I	BIF BABIL BIBIL BIBIL)	B) B)) B B } 28 B)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 , F	4. FEI Number Applied For Not Applied For Not Applied Por			
Zip Country		Zip Country		5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Regis	stered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street A	ddress (P.O. B	ox Number is Not Acceptable)			
PLANIAI	IUN PL 33324		City			FL Zip Cod	e	
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 Stat		00 550.00	nstating) 10. Election Campaign Financ Trust Fund Contribution.	~ _ ~~	May Be	
11.	OFFICERS AND D	IRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, R.E. 12225 STEPHENS ROAD WARREN MI 48089	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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indicatéd of the cor	pertify that the information supplied with to this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, where the supplement is the supplement of the supplement of the supplement is supplementation.	rue and accurate and that my vered to execute this report as	signature shall h	ave the same le	egal effect as if made under oath	; that I am an officer	or director	

SIGNATURE: _

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #