

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90022 044 ***550.00

DOCUMENT # F98000005710

1. Entity Name
M G M TRANSPORT CORPORATION

Principal Place of Business

**PO BOX 1823
HIGH POINT NC 27263**

Mailing Address

**70 MALTESE DR
TOTOWA NJ 07512**

2. Principal Place of Business

1264 JACKSON LAKE RD

3. Mailing Address

PO BOX 1823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIGH POINT NC

City & State

HIGH POINT NC ~~07512~~

Zip

27263

Country

GUILFORD

Zip

27261

Country

GUILFORD



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-1537992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **C** ☐ Delete
NAME **MASSOOD, MICHAEL SR**
STREET ADDRESS **70 MALTESE DR**
CITY-ST-ZIP **TOTOWA NJ 07512**

TITLE **VCVS** ☐ Delete
NAME **MASSOOD, LOUIS**
STREET ADDRESS **70 MALTESE DR**
CITY-ST-ZIP **TOTOWA NJ 07512**

TITLE **D** ☐ Delete
NAME **MASSOOD, EDWARD**
STREET ADDRESS **70 MALTESE DR**
CITY-ST-ZIP **TOTOWA NJ 07512**

TITLE **D** ☐ Delete
NAME **MASSOOD, GEORGE**
STREET ADDRESS **70 MALTESE DR**
CITY-ST-ZIP **TOTOWA NJ 07512**

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

ROSSNATURAL REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/2002 32-887-3054

CR2E034 (4/02)