

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**  
 03-11-2002 90012 033 \*\*\*150.00

**DOCUMENT # P01000010578**

**1. Entity Name**  
**MGM RESTAURANTS, INC.**

**Principal Place of Business**  
 8550 INTERNATIONAL DR.  
 ORLANDO FL 32816

**Mailing Address**  
 8550 INTERNATIONAL DR.  
 ORLANDO FL 32816



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

8540 International Dr.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Orlando, Florida

**City & State**

**4. FEI Number**

59-3701930

**Applied For**

Not Applicable

**Zip**

32819

**Country**

**Zip**

32819

**Country**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAALI, AMJAD**  
 8550 INTERNATIONAL DR.  
 ORLANDO FL 32816

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

32819

**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** ☒ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution ☐

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** DP  
**STREET ADDRESS** MAALI, JESSE  
**CITY-ST-ZIP** 9043 ISLESWORTH COUNTRY  
 WINDEMERE FL

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 5182 Islesworth Drive  
**CITY-ST-ZIP** Windermere, FL 34786

**TITLE** ☐ Delete  
**NAME** DV  
**STREET ADDRESS** MAALI, AMJAD  
**CITY-ST-ZIP** 9043 CLASSIC CT.  
 ORLANDO FL 32819

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 913 Southern Breeze Drive  
**CITY-ST-ZIP** Orlando, FL 32836

**TITLE** ☐ Delete  
**NAME** DS  
**STREET ADDRESS** GARIB, AHMED  
**CITY-ST-ZIP** 9447 KILGORE RD.  
 ORLANDO FL

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** Orlando, FL 32836

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**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

2/7/02

Date

407-351-2072

Daytime Phone #

CR2E034 (9/01)