

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030419

1. Entity Name

MAGIC CITY TRANSPORT, INC.

R

Principal Place of Business

1080 JASON RIDGE CT.
KISSIMMEE FL 34747

Mailing Address

1080 JASON RIDGE CT.
KISSIMMEE FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3323807

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

ABUSALEM, ABDEL N
1080 JASON RIDGE CT.
KISSIMMEE FL 34747

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ABUSALEM, ABDEL
CITY-ST-ZIP 1080 JASON RIDGE CT.
KISSIMMEE FL 34747

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

00 (407) 396 2030

Date

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

Attachment
PH 993000304/19
0078140


MAGIC CITY TRANSPORT INC

P.O. BOX 470-422 CELEBRATION FL 34747 (407)396-2030 FAX (407)396-9198

DIVISION OF CORPORATIONS

**I WOULD LIKE TO INFORM YOU THAT I DID NOT
RECEIVE YOUR FIRST NOTICE FOR YEAR 2000**

ABDEL ABUSALEM


7/10/00