

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030419

1. Entity Name  
MAGIC CITY TRANSPORT, INC.

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

P. O. Box 470422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Celebration, FL

Zip

Zip

34747

Country

Kissimmee

4. FEI Number

59-3323807

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name

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

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, 2002 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

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2120102321229229  
Date Daytime Phone #

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90197 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)