

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91330 001 ***158.75

DOCUMENT # **P 98000065610**

1. Entity Name

**MAGIC TOUCH TRANSPORTATION
AND TOUR AGENCY INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5596 DONNELLY CIR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FFI Number

593541029

Applied For

Not Applicable

Zip

32821

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FAISAL DADA

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

5596 DONNELLY CIR

City

ORLANDO

FL

32821

**DO NOT WRITE
IN THIS SPACE**

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

Faisal Dada

FAISAL DADA

4-30-2002

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**FAISAL DADA PRES
5596 DONNELLY CIR
ORLANDO FL 32821**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**JANICE EWING-DADA VP
5596 DONNELLY CIR
ORLANDO FL 32821**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Faisal Dada

FAISAL DADA PRES, TREASUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)