

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

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

05-24-2002 91331 010 ***550.00

DOCUMENT # P 01000054641

1. Entity Name

GREY ANCHOR INC.

DO NOT WRITE IN THIS SPACE

668391

2. Principal Place of Business

340 SEVILLA AVE

Suite, Apt. #, etc.

3. Mailing Address

340 SEVILLA AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1109571

Applied For

☐ **Not Applicable**

Zip

33134

Country

US

Zip

33134

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JACOB MIGUEL

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

340 SEVILLA AVE

City

CORAL GABLES

FL

Zip Code

33134

**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

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)**

☐

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	<u>PD</u>
NAME	<u>JACOB MIGUEL</u>
STREET ADDRESS	<u>340 SEVILLA AVE</u>
CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>
TITLE	<u>US</u>
NAME	<u>LAURA MIGUEL</u>
STREET ADDRESS	<u>340 SEVILLA AVE</u>
CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/02

305-444-4054

CR2E034B (12/01)