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FILED
Jun 10, 2002 8:00 am
Secretary of State

05-14-2002 90351 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082072 ✓

1. Entity Name

GRAY Fifth Avenue II, Inc

DO NOT WRITE IN THIS SPACE

92268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1317 Florida Mall Ave	Suite, Apt. #, etc. 1317 Florida Mall Ave
City & State Orlando, FL	City & State Orlando, FL
Zip 32809 Country USA	Zip 32809 Country U.S.A

4. FEI Number 59-3211700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Issam Merhi
2383 River Tree Circle
Sanford, FL 32771

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 ✓	PD
NAME	Merhi, Issam
STREET ADDRESS	2383 River Tree Cir
CITY-ST-ZIP	Sanford, FL 32771
TITLE	SD
NAME	Sleiman, Issam A
STREET ADDRESS	649 huntington ct
CITY-ST-ZIP	winter park, FL 32789
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CR2E034B (12/01)

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: _____ Issam Merhi 4/29/02 (407)858080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #