

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

RAYA T. McCray Enterprise, Inc. ✓

Principal Place of Business

2431 NW 27 Ave.
Ft. Lauderdale, FL
33311

Mailing Address

2431 NW 27 Ave.
Ft. Lauderdale, FL
33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Broward

Zip

Country

Broward

4. FEI Number

65-0838738

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0064687

6. Name and Address of Current Registered Agent

RAYA T. McCray
2431 NW 27 Ave
Ft. Lauderdale, FL 33311

7. Name and Address of New Registered Agent

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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D-S
STREET ADDRESS	Holland, Mia B.
CITY-ST-ZIP	4044 NE 1 DR. Gainesville, FL 32603
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P / CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCray, RAYA T.	
STREET ADDRESS	2431 NW 27 Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	V / T / S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, June P.	
STREET ADDRESS	2431 NW 27 Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCray, Elisha	
STREET ADDRESS	2521 NW 11 St.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Courtney J	
STREET ADDRESS	2431 NW 27 Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Joseph R, JR	
STREET ADDRESS	2431 NW 27 Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	

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:

June P. Lewis - June P. Lewis

4-26-00

954-485-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)