

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90023 006 ***150.00

DOCUMENT # P99000072635

1. Entity Name
DRAY, INC.

Principal Place of Business
5220 NORTH 31ST PLACE
HOLLYWOOD FL 33021

Mailing Address
5220 NORTH 31ST PLACE
HOLLYWOOD FL 33021



2. Principal Place of Business
501 DIPLOMAT PKWY
 Suite, Apt. #, etc.

3. Mailing Address
501 DIPLOMAT PKWY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE BEACH, FL

City & State
HALLANDALE BEACH, FL

4. FEI Number **65-0941197**

Applied For
 Not Applicable

Zip **33009** Country **USA**

Zip **33009** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAY, RICA
5220 N 31 PLACE
HOLLYWOOD FL 33021

Name **DANIEL BENJID**
 Street Address (P.O. Box Number is Not Acceptable)
50 HLBC
2525 N STATE RD. 7, #115
 City **HOLLYWOOD** FL Zip Code **33021**

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]*
Signature, typed or printed name of registered agent and firm applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/02
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 Delete
 NAME **PD DRAY, DAVID**
 STREET ADDRESS **5220 NORTH 31ST PLACE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSTD DRAY, RICA L**
 STREET ADDRESS **5220 NORTH 31ST PLACE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1-15-02
 Date Daytime Phone #

CR2E034 (9/01)