2000 UNIFORM BUSINESS REPOF	RT (UBR)		
DOCUMENT # \$ 46481		FILED	STAT <i>C</i>
GRAYROCK ENTERPRISES, INC.		SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address		00 OCT 11 PM 6: 09	
16395 MIRASOL WAY			·
DelRAY BEACH, FL 33446			
2. Principal Place of Business SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State		4. FEI Number Applied For Not Applied For Not Applied For	
DELRAY "DEACH, FL DELRAY 134,	Country Seach FL Selray Beach, FL Country		Not Applicable 8.75 Additional
33446 PALM DEACH 33446 1	PALM BEACH	5. Certificate of Status Desired Fe	ee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name			
WALTER HITRUSIN Street Address (P.O. Box Number is Not Acceptable)	
Decray Beach, FL 33446 Street Address			
,	City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its re	egistered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE Signative, typed in printed name of regarded agent and title if applicable. (NOTE: F	Registered Agent signature required	d when reinstating) DATE	
Tax filing requirement and elects to do so. After MAY 1, 2000	FEE IS \$150.00 Fee will be \$550.00 to Department of Sta		\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11 Change
TITLE MALTER H. RUBIN Delete PRESIDENT, Director (PD) STREET ADDRESS CITY-ST-ZIP DELIRAY BEACH FL 33446	NAME STREET ADDRESS CITY-ST-ZIP	'	Change
TITLE VICE PROSIDENT ST Delete	TITLE NAME STREET ADDRESS	700003434 -10/20/000	Change Addition 5
CITY-ST-ZIP DELRAY BEACH, FL 33446	CITY-ST-ZIP	****150.00	****150.00
TITLE Delete NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE Delete NAME STREET ADDRESS	TITLE NAME STREET ADDRESS		☐ 'Change ── ☐ 'Addition
TITLE Delete NAME STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-SI-ZIP	. 4	Addition Addition
13. I hereby certify that the information supplied with this filling 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: 10 3 0 56 -496-647 10 10 10 10 10 10 10 1			

GRAYROCK ENTERPRISES, INC c/o Walter H. Rubin 16395 Mirasol Way Delray Beach, Fl. 33446

October 3, 2000

Re: Filing Fee

Florida Dept. of State Divison of Corporations P.O. Box 6327 Tallahassee, Fl.32314

Dear Sirs:

Enclosed is the 2000 Uniform Business Report form for Grayrock Enterprises, Inc. Please note that we never received this filing form because the Post Office returned it to the sender (Dept. of State) because an address change took place and for some reason the Post Office did not forward the mail to us. As we did not receive the form we could not file it and a corporate review brought to our attention that we did not file that report. The form has the corrected address and the check is for the filing fee.

Sincerely,

Walter H. Rubin, President Grayrock Enterprises, Inc.