

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 028 ***150.00

DOCUMENT # 546481 ✓
1. Entity Name
GRAY ROCK ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16395 MIRASOL WAY
Suite, Apt. #, etc.

3. Mailing Address
16395 MIRASOL WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33446

Country
USA

Zip
33446

Country
USA

4. FEI Number
65-0268083

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

Name
RUBIN, WALTER H.

Street Address (P.O. Box Number is Not Acceptable)
16395 MIRASOL WAY

City
DELRAY BEACH, FL Zip Code
33446

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 NAME STREET ADDRESS CITY-ST-ZIP	PO RUBIN, WALTER H. 16395 MIRASOL WAY DELRAY BEACH, FL 33446
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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)(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 full power to execute this report.

SIGNATURE: WALTER H. RUBIN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02
Date

(561) 999-5990
Daytime Phone #

CR2E034B (12/01)