

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

08/26/2002 90066 U24 \*\*\* 130.00  
399373

02 SEP 13 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

124325

DOCUMENT # 399373 Year 2002

1. Entity Name

Greal Real Estate, Inc

(P)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2655 North Ocean Dr.

Suite, Apt. #, etc.

Box 3

City & State

Singer Island, Florida

Zip

33404

Country

USA

3. Mailing Address

14765 Haymarket Court

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

4. FEI Number

59-1396042

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

IRVING GREAR

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

14765 Haymarket Court

City

Wellington

FL

Zip Code

33414

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

IRVING GREAR, BROKER, Irving Grear

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

8/23/02

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 PB  
NAME IRVING GREAR  
STREET ADDRESS 14765 Haymarket Court  
CITY-ST-ZIP Wellington, Florida 33414

TITLE VD  
NAME Fran Wolf  
STREET ADDRESS 4011 NW 93 RD AVE  
CITY-ST-ZIP Sunrise, Florida 33351

TITLE D  
NAME Linda Grear  
STREET ADDRESS 14243 Blackberry Dr.  
CITY-ST-ZIP Wellington, Florida 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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)(f), 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:

IRVING GREAR, IRVING GREAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02

Date

561-791-9933

Daytime Phone #

CR2E034B (12/01)

9/13/02