

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90121 018 ****50.00

DOCUMENT # L02000008448

1. Entity Name

GREYBOY INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

**19495 BISCAYNE BOULEVARD, SUITE 600
AVENTURA FL 33180**

**19495 BISCAYNE BOULEVARD, SUITE 600
AVENTURA FL 33180**

2. Principal Place of Business

1680 Michigan Ave.

3. Mailing Address

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 913

Suite, Apt. #, etc.

Suite 913

City & State

Miami Beach

City & State

Miami Beach

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-1093248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATIEVSKY, HENRY

**19495 BISCAYNE BOULEVARD, SUITE 600
AVENTURA FL 33180**

Name

HENRY BATIEVSKY

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

1680 Michigan Avenue

Suite 913

City

MIAMI BEACH

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

HENRY BATIEVSKY

4/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BATIEVSKY, HENRY**
STREET ADDRESS **19495 BISCAYNE BOULEVARD, SUITE 600**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BATIEVSKY, HENRY**
STREET ADDRESS **1680 Michigan Ave. Suite 913**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

HENRY BATIEVSKY

4/9/03

(305) 933-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)