

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000685**

1. Entity Name
GREITHER HOLDINGS, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:20

Principal Place of Business: 14205 SOUTH WEST 119TH AVENUE, MIAMI FL 33186
Mailing Address: 14205 SOUTH WEST 119TH AVENUE, MIAMI FL 33186-6009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0608705**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, LLOYD
14205 S.W. 119TH AVENUE
MIAMI FL 33186

Name: **LAWRENCE BURGE MGRM**
Street Address (P.O. Box Number is Not Acceptable): **14205 S.W. 119th AVENUE**
City: **MIAMI** FL Zip Code: **33186**

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]* **MGRM PLANT MANAGER**

DATE: **4/12/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	MGR MILLER, LLOYD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14205 SOUTH WEST 119TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME	PRESIDENT PETER GREITHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14205 S.W. 119th AVENUE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE NAME	VICE PRESIDENT DIETER EDGEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14205 S.W. 119th AVENUE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE NAME	SECRETARY ELISABETH GREITHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14205 S.W. 119th AVENUE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE NAME	MGRM LAWRENCE BURGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14205 S.W. 119th AVENUE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200003300322--7	
CITY - ST - ZIP	-06/22/00--01012--001	
	*****50.00 *****50.00	

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]* **LAWRENCE BURGE MGRM** 4/12/00 (305) 234-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CRZE083 (9/99)