

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026165 AF

**DOCUMENT #** L95000000685

1. Entity Name  
**GREITHER HOLDINGS, LC**

FILED

01 MAR 13 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**14205 SOUTH WEST 119TH AVENUE  
MIAMI FL 33186**

Mailing Address  
**14205 SOUTH WEST 119TH AVENUE  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0608705**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**BURGE, LAWRENCE  
14205 SW 119TH AVE.  
MIAMI FL 33186**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM  
BURGE, LAWRENCE  
14205 SOUTH WEST 119TH AVENUE  
MIAMI FL 33186**

TITLE NAME  Change  Addition  
**MGRM  
GREITHER, PETER  
14205 S.W. 119th AVE.  
MIAMI, FL 33186**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**MGRM  
GREITHER, ELISABETH  
14205 S.W. 119th AVE.  
MIAMI, FL 33186**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
**100003891511--1  
-03/21/01--0116--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
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: LAWRENCE BURGE 17 2001

(305) 234-0102

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

Date

Daytime Phone #

CR2E083 (11/00)