

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90048 022 ****50.00

DOCUMENT # L95000000685

1. Entity Name
GREITHER HOLDINGS, LC

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
14193 S.W 119th AVENUE
 Suite, Apt. #, etc. _____

3. Mailing Address
14193 S.W 119th AVENUE
 Suite, Apt. #, etc. _____



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, F

4. FEI Number **65-0608705**

Applied For
 Not Applicable

Zip
33186

Country **USA DADE**

Zip
33186

Country **USA DADE**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CHRISTOPH FREI
 Street Address (P.O. Box Number is Not Acceptable)
14193 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREITHER, PETER 14205 SOUTH WEST 119TH AVENUE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREITHER, ELISABETH 14205 SOUTH WEST 119TH AVENUE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CHRISTOPH FREI** **1/17/02** **(305) 234-0102**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)