

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90004 027 \*\*\*\*50.00

0022934

**DOCUMENT # L95000000685**

1. Entity Name

**GREITHER HOLDINGS, LC**



Principal Place of Business

Mailing Address

**14193 S.W. 119TH AVE.  
MIAMI FL 33186**

**14193 S.W. 119TH AVE.  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0608705**

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

**FREI, CHRISTOPH  
14193 S.W. 119TH AVENUE  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

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

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 REQUIRED~~

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

**2/27/03** **(305) 234-0102**

Date Daytime Phone #

CR2E083 (10/02)