

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028151 AF

DOCUMENT # L98000003047

1. Entity Name

GREYEAGLE INVESTMENTS LLC

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11392 SW 86 LANE  
MIAMI FL 33173

Mailing Address

P.O. BOX 431433  
MIAMI FL 33243-1433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11392 SW 86 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

06-5080278

Applied For

Not Applicable

Zip

Country

Zip

Country

33173

U.S.A.

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

STEEN, SAMUEL  
11392 SW 86 LANE  
MIAMI FL 33173

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

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME STEEN, SAMUEL  
STREET ADDRESS 11392 S.W. 86TH LANE  
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition  
NAME 100003924401--6  
STREET ADDRESS -03/28/01--01094--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

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

Date

Daytime Phone #

3-19-01 305-596-5527

CR2E083 (11/00)