

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 023 ***150.00

DOCUMENT # P00000109371 ✓

1. Entity Name

GREISER CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3625 san simeon circ.

3. Mailing Address

3625 san simeon circ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

weston, Fl.

City & State

weston, Fl.

4. FEI Number

65-1092116

Applied For

Not Applicable

Zip

33331

Country

usa

Zip

33331

Country

usa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

julio campos

Street Address (P.O. Box Number is Not Acceptable)

3625 san simeon circ.

City

weston

FL

Zip Code

33331

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	julio campos
STREET ADDRESS	3625 san simeon cir
CITY-ST-ZIP	weston Fl 33331
TITLE	P
NAME	eberto quintero
STREET ADDRESS	3625 san simenon circ
CITY-ST-ZIP	weston, /fl. 33331
TITLE	V
NAME	greiser campos
STREET ADDRESS	3625 san simeon cir.
CITY-ST-ZIP	weston, /Fl. 33331
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JULIO CAMPOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

(954)3859843

Daytime Phone #

CR2E034B (12/01)