


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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90229 028 ***150.00

DOCUMENT # <u>P02000128704</u>	
1. Entity Name <u>GRECO REAL ESTATE INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1109 N. FEDERAL HIGHWAY</u>		3. Mailing Address <u>1109 N. FEDERAL HIGHWAY</u>		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. <u>Suite # 1.</u>		Suite, Apt. #, etc. <u>Suite # 1.</u>		
City & State <u>Hollywood FL</u>		City & State <u>Hollywood FL</u>		4. FEI Number <u>11-3665799</u>
Zip <u>33020</u>	Country <u>U.S.A.</u>	Zip <u>33020</u>	Country <u>U.S.A.</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>SPERL & UTENERA P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 SW 22nd St</u>	
<u>4th floor</u>	
City <u>Miami</u>	FL Zip Code <u>33143</u>

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 must be a resident of the State of Florida.)

DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.S.T.D.</u> <u>KORAKAKOS, ALEX</u> <u>1109 N. FEDERAL HIGHWAY SUITE 1</u> <u>HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/02)