1. Entity Nam	e F9800	00 88 95/V		Apr 12, 2000 8:00 an Secretary of State 04-12-2000 90032 009 ***150.00
Principal Plac	e of Business	Mailing Address		
Suite	Greater Realty Group, Inc. Concipal Place of Business	7370 NW 36th Suite #319-D Miami, F1. 33		80058042
2. Principal P 7370	lace of Business NW 36th Street	3. Mailing Address 7370 NW 36t	h Street	t
		#319-D		DO NOT WRITE IN THIS SPACE
Mi	ami, Fl.	Miami, Fl		4. FEI Number Applied For Not Applicable
	6 USA	33166	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
	o. Italio and Address of Garrent	registered Agent	Name	7. Name and Address of New Registered Agent
	7370 NW 36th St	reet #319-D		Address (P.O. Box Number is Not Acceptable)
	•		City	FL Zip Code
9. This corpo Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	To me in applicable. (NOTE:	FEE IS \$150.(0 Fee will be \$5	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS		☐X Delete	TITLE NAME STREET ADDRESS	V&D Aguilar, Emily
CITY-ST-ZIP	11762 N. Kendall Miami, Fl. 33186	_	CITY-ST-ZIP	7370 NW 36th Street #319-D Miami, F1. 33166 P&D Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Aguilar, Luis L. 11762 N. Kendall	Dr. #160	NAME STREET ADDRESS CITY-ST-ZIP	P&D Aguilar, Luis L. 7370 NW 36th Street #319-D Miami,Fl. 33166
NAMESTREET ADDRESS	Mlami, F1. 33186	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		Dolate	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Li Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 eath; 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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

2000 UNIFORM BUSINESS REPORT-(UBR)

Daytime Phone #