

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90192 046 ***150.00

DOCUMENT # P98000088951

1. Entity Name

GREATER REALTY GROUP INC.

Principal Place of Business

7370 NW 36TH ST
SUITE #319-D
MIAMI FL 33166
US

Mailing Address

7370 NW 36TH ST
SUITE #319-D
MIAMI FL 33166
US

2. Principal Place of Business

5520 W. Flagler St.

3. Mailing Address

5520 W. Flagler St.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0885059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, LUIS L
7370 NW 36TH ST #319-D
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Aguilar, Luis L.

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

5520 W. Flagler Street.
Ste. D

City

Miami

FL

Zip Code

33134

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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	VD	<input type="checkbox"/> Delete
NAME	AGUILAR, EMILY	
STREET ADDRESS	7370 NW 36TH ST #319-D	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AGUILAR, LUIS L	
STREET ADDRESS	7370 NW 36TH ST #319-D	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aguilar, Emily	
STREET ADDRESS	5520 W. Flagler St. Ste. D.	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aguilar, Luis L.	
STREET ADDRESS	5520 W. Flagler St. Ste. D.	
CITY-ST-ZIP	Miami, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01

Date

305-265-1120

Daytime Phone #

CR2E034 (10/00)