

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90065 026 \*\*\*150.00

**DOCUMENT # P98000088951**

1. Entity Name  
**GREATER REALTY GROUP INC.**

Principal Place of Business

**5520 W. FLAGLER STREET  
 SUITE D  
 MIAMI FL 33134  
 US**

Mailing Address

**5520 W. FLAGLER STREET  
 SUITE D  
 MIAMI FL 33134  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**920 SW 67th Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**920 SW 67th Ave.**

Suite, Apt. #, etc.

City & State

**Miami, FL 33144**

City & State

**Miami, FL**

4. FEI Number

**65-0885059**

Applied For

Not Applicable

Zip

**33144**

Country

**USA**

Zip

**33144**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AGUILAR, LUIS L  
 5520 W. FLAGLER STREET, SUITE D  
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **Aguilar, Luis L.**

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

**920 SW 67th Ave**

City **Miami**

**FL**

Zip Code

**33144**

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]* **Luis L. Aguilar President** **01/14/02**

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, 2002 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** ☐ Delete  
 NAME **AGUILAR, EMILY**  
 STREET ADDRESS **5520 W. FLAGLER STREET, SUITE D**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **PD** ☐ Delete  
 NAME **AGUILAR, LUIS L**  
 STREET ADDRESS **5520 W. FLAGLER STREET, SUITE D**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☐ Addition  
 NAME **Aguilar, Emily**  
 STREET ADDRESS **920 SW 67th Ave**  
 CITY-ST-ZIP **Miami, FL 33144**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **Aguilar, Luis L.**  
 STREET ADDRESS **920 SW 67th Ave.**  
 CITY-ST-ZIP **Miami, FL 33144**

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

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

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

TITLE ☐ Change ☐ 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]* **Luis L. Aguilar President** **01/14/02** **305-219-0840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)