

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90125 027 \*\*\*150.00

DOCUMENT # M42423

1. Entity Name

GRAPEYARD NURSERY, INC.

Principal Place of Business

C/O ISTVAN HUJBER  
16701 SW 200TH ST  
MIAMI FL 33187  
US

Mailing Address

C/O ISTVAN HUJBER  
16701 SW 200TH STREET  
MIAMI FL 33187  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2802690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUJBER, ISTVAN  
6460 SW 129TH PLAVE #1814  
MIAMI FL 33183

Name HUJBER, THOMAS C.

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

17225 S.W. 232nd Street

City Miami

FL

Zip Code 33170

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

*Thomas Hujber* Thomas Hujber Secretary/treasurer

4/14/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HUJBER, STEVE J.  
STREET ADDRESS 270 N.W. 127TH AVE.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DP  
NAME HUJBER, STEVE J.  
STREET ADDRESS 270 NW 127th Ave  
CITY-ST-ZIP MIAMI, FL ☐ Change ☐ Addition

TITLE D  
NAME HUJBER, ISTVAN  
STREET ADDRESS 6460 S.W. 129 PL #1814  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE ST  
NAME HUJBER, THOMAS C  
STREET ADDRESS 17225 SW 232nd str.  
CITY-ST-ZIP MIAMI, FL ☐ Change ☐ Addition

TITLE ST  
NAME HUJBER, THOMAS C.  
STREET ADDRESS 17225 SW 232ND ST  
CITY-ST-ZIP MIAMI FL 33170 ☐ 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

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 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:

*Thomas C. Hujber* Thomas Hujber 4-16-01 (305) 252-8524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)