

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90346 044 \*\*\*150.00

0028287 AV

**DOCUMENT # P01000064958**

1. Entity Name

**GRAMINIC LAWN SERVICE, INC.**



Principal Place of Business  
**10160 NW 5TH ST.  
PEMBROKE PINES FL 33026**

Mailing Address  
**10160 NW 5TH ST.  
PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1116761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABURTO, JUAN F  
10160 NW 5TH ST.  
PEMBROKE PINES FL 33026**

Name

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

City

**FL**

Zip Code

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 *Juan Aburto* **Juan Aburto**

**7-7-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **ABURTO, JUAN F**  
STREET ADDRESS **10160 NW 5TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

TITLE **SD** ☐ Delete  
NAME **ABURTO, JUAN F**  
STREET ADDRESS **10160 NW 5TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Juan Aburto* **Juan Aburto**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-03**

Date

Daytime Phone #

**954-442-4758**

CR2E034 (4/03)

Attachment  
90142607  
PO1000064958  
Graminic Lawn Service Inc  
P.O. Box 245431  
Pembroke Pines, FL 33024  
Tel: 954 442 4758  
Fax: 954 442 4757

July 7, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual fee

To Whom It May Concern:

Please consider this as my interest in paying my annual fee. I have received a what I think is a second request to pay since it shows a higher amount than what I usually pay. Apparently a previous one was mailed and I did not receive it.

Enclosed please find check # 1576 in the amount of \$150.00 for my annual fee.

Respectfully,

Juan F. Aburto

cc Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500