

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90002 025 ****70.00

DOCUMENT # N98000001186

1. Entity Name

MIAMI/MIAMI-DADE WEED & SEED, INC.

Principal Place of Business

Mailing Address

**6161 NW 9TH AVENUE
 MIAMI FL 33127**

**6161 NW 9TH AVENUE
 MIAMI FL 33127-1013**

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

65-0821017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, ELAINE H
 6161 NW 9TH AVENUE
 MIAMI FL 33127**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C <input type="checkbox"/> Delete
NAME	WHITE, PATRICK A
STREET ADDRESS	99 NE 4TH STREET
CITY-ST-ZIP	MIAMI FL 33132
TITLE	VC <input type="checkbox"/> Delete
NAME	COLEY, GLORY
STREET ADDRESS	13334 NW 21ST AVE
CITY-ST-ZIP	MIAMI FL 33167
TITLE	T <input type="checkbox"/> Delete
NAME	FUNEUS, FRED
STREET ADDRESS	1320 NW 62ND STREET
CITY-ST-ZIP	MIAMI FL 33147
TITLE	S <input type="checkbox"/> Delete
NAME	BLACK, ELAINE H
STREET ADDRESS	6161 NW 9TH AVENUE 6015 NW 7th AV.
CITY-ST-ZIP	MIAMI FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	FAIR, T. WILLARD
STREET ADDRESS	8500 NW 25TH AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	D <input type="checkbox"/> Delete
NAME	BAKER BOULE, SABRINA
STREET ADDRESS	6161 NW 9TH AVENUE
CITY-ST-ZIP	MIAMI FL 33127

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 

4/11/2000

305.751.1295 ext 106

Date

Daytime Phone #

CR2E037 (9/99)