

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91152 037 \*\*\*\*70.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <i>N 9800000-1186</i> 1. Entry Name <b>Miami/Miami-Dade Weed &amp; Seed, Inc</b>						768763	
Principal Place of Business <b>Miami/Miami-Dade Weed &amp; Seed, Inc</b>			Mailing Address <b>6161 NW 9th Avenue          Miami, Florida 33127</b>				
2. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN THIS SPACE	
Suits, Apt. #, etc.		Suits, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>65-0821017</b>				Applied For Not Applicable			
B. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>Black, Elaine H          6161 NW 9th Avenue          Miami, FL 33127</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW FEE IS \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME C	White, Patrick A 99 NE 4th Street Miami, FL 33132	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME VC	Coley, Glory 13334 NW 21st Avenue Miami, FL 33167	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME T	Funeus, Fred 1320 NW 62ND Street Miami, FL 33147	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME S	Black, Elaine H 3015 NW 7th Avenue Miami, FL 33127	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME D	Fair, T. Willard 8500 NW 25th Avenue Miami, FL 33147	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME D	Baker Boule, Sabrina 6161 NW 9th Avenue Miami, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS	<b>Baker-Bouie, Sabrina</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>6161 NW 9th Avenue Miami, FL 33127</b>			
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: <i>Elaine H Black</i>			Date: <i>May 1, 2001</i>			Daytime Phone #: <i>305-751-8937</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

CP2E037 (11/00)