

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90079 048 \*\*\*\*61.25

**DOCUMENT # N98000001186**

1. Entity Name  
**MIAMI/MIAMI-DADE WEED & SEED, INC.**



Principal Place of Business  
**645 NW 62ND STREET  
SUITE 100  
MIAMI FL 33150**

Mailing Address  
**645 NW 62ND STREET  
SUITE 100  
MIAMI FL 33150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State--

4. FEI Number **65-0821017**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **ELAINE H. BLACK**

Street Address (P.O. Box Number is Not Acceptable)  
**6015 NW 7th Ave**

City **MIAMI, FL** Zip Code **33127**

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

*Elaine H. Black*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, PATRICK A</b>	
STREET ADDRESS	<b>99 NE 4TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>COLEY, GLORY</b>	
STREET ADDRESS	<b>13334 NW 21ST AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FUNEUS, FRED</b>	
STREET ADDRESS	<b>1320 NW 62ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, ELAINE H</b>	
STREET ADDRESS	<b>3015 NW 7TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, KAREN</b>	
STREET ADDRESS	<b>1000 NW 62 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER-BOUIE, SABRINA</b>	
STREET ADDRESS	<b>6161 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: *Elaine H. Black* **ELAINE H. BLACK 3/24/03 305-751-8934**

CR2E037 (10/02)