

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001186

1. Entity Name

MIAMI/MIAMI-DADE WEED & SEED, INC.

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

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

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

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 AVE | |
| 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 |
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| 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

Elaine H. Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

Date

305.751.1295 ext 106

Daytime Phone #

CR2E037 (9/99)