

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

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

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

7. Name and Address of New Registered Agent

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

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	3015 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, KAREN	
STREET ADDRESS	1000 NW 62 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER-BOUIE, SABRINA	
STREET ADDRESS	6161 NW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
CITY-ST-ZIP	
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	
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

ELAINE H. BLACK 3/24/03 305-751-8934

CR2E037 (10/02)