

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000079**

1. Entity Name

BARBICAN ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

9870 SW 70 STREET
MIAMI FL 33173

Mailing Address

9870 SW 70 STREET
MIAMI FL 33173

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

65-0972 807

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORDECAI EDWARDS, DEBORAH
4960 SW 72 AVENUE
SUITE 301
MIAMI FL 33155

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

TITLE PD
NAME EDWARDS, OWEN G
STREET ADDRESS 10902 SW 88 COURT
CITY-ST-ZIP MIAMI FL 33176 ☐ DeleteTITLE VPD
NAME MARTELL, ROBERT
STREET ADDRESS 9870 SW 70 STREET
CITY-ST-ZIP MIAMI FL 33173 ☐ DeleteTITLE TD
NAME KELLY, ANGELA
STREET ADDRESS 1850 NW 67 AVENUE #225
CITY-ST-ZIP MIAMI FL 33015 ☐ DeleteTITLE SD
NAME EDWARDS, DEBORAH M
STREET ADDRESS 10902 SW 88 COURT
CITY-ST-ZIP MIAMI FL 33176 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90012 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)