

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48921

1. Entity Name

THE EDGEWATER ECONOMIC DEVELOPMENT CORPORATION,

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90033 022 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2697 BISCAYNE BLVD  
MIAMI FL 33137

2697 BISCAYNE BLVD  
MIAMI FL 33137-4533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0343976

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIAZ, BENITO H.  
2655 LEJUNE ROAD  
#805  
MIAMI FL 33134

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	ST	<input checked="" type="checkbox"/> Delete
NAME	JANE, JUAN B.	
STREET ADDRESS	485 SW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELASCO, J.V.	
STREET ADDRESS	7501 SW 99 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ARMANDO R.	
STREET ADDRESS	410 N.E. 28TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FELIX, R.	
STREET ADDRESS	411 N.E. 25TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LORENZO	
STREET ADDRESS	11350 S.W. 28 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORES, JUAN L	
STREET ADDRESS	716 SW 7TH ST. 4	
CITY-ST-ZIP	MIAMI FL	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, JUAN L.	
STREET ADDRESS	716 S.W. 7TH ST. #4	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASCO, JY	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL A KOHLY	
STREET ADDRESS	720 N.E. 27 STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO SUAREZ	
STREET ADDRESS	3301 N.E. 5AVE. P#6	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN GARCIA	
STREET ADDRESS	8940 S.W. 18 TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	

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 #

4/28/00 305 571 1977

CR2E037 (9/99)