

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90015 044 \*\*\*\*\*70.00

0022358

**DOCUMENT # N48921**

1. Entity Name

**THE EDGEWATER ECONOMIC DEVELOPMENT CORPORATION,  
INC.**

Principal Place of Business

Mailing Address

2697 BISCAYNE BLVD  
MIAMI FL 33137

2697 BISCAYNE BLVD  
MIAMI FL 33137

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

65-0343976

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

**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 **V** ☐ Delete  
NAME **SUAREZ, PEDRO**  
STREET ADDRESS **3301 NE 5 AVE P#6**  
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☐ Delete  
NAME **VELASCO, J V**  
STREET ADDRESS **8995 S.W. 85TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33173-4532**

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

TITLE **D** ☐ Delete  
NAME **KOHL, MIGUEL A**  
STREET ADDRESS **12227 S.W. 131ST AVENUE**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **TT** ☐ Delete  
NAME **RODRIGUEZ, FELIX R**  
STREET ADDRESS **411 N.E. 25TH ST.**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **S** ☐ Delete  
NAME **GARCIA, CARMEN**  
STREET ADDRESS **8940 SW 18 TERR**  
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **P** ☐ Delete  
NAME **FLORES, JUAN L**  
STREET ADDRESS **716 SW 7TH ST. 4**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☐ 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:

*Signature of Benito H. Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-18-02 (305) 571-1977

CR2E037 (9/01)