

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90569 045 \*\*\*\*71.00

**DOCUMENT # N48921**



1. Entity Name  
**THE EDGEWATER ECONOMIC DEVELOPMENT CORPORATION,  
INC.**

Principal Place of Business      Mailing Address  
**2697 BISCAYNE BLVD      2697 BISCAYNE BLVD**  
**MIAMI FL 33137      MIAMI FL 33137**

**40006753**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, PEDRO</b>	
STREET ADDRESS	<b>3301 NE 5 AVE P#6</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VELASCO, J V</b>	
STREET ADDRESS	<b>8995 S.W. 85TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173-4532</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOHLI, MIGUEL A</b>	
STREET ADDRESS	<b>12227 S.W. 131ST AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>TT</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, FELIX R</b>	
STREET ADDRESS	<b>411 N.E. 25TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, CARMEN</b>	
STREET ADDRESS	<b>8940 SW 18 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FLORES, JUAN L</b>	
STREET ADDRESS	<b>716 SW 7TH ST. 4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pedro Suarez V.P.* **Pedro Suarez V.P. 1/16/03 305-571-1977**

CR2E037 (10/02)