

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089554

1. Entity Name

ECONOMIC DEVELOPMENT CONSULTANTS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90003 012 ***150.00

Principal Place of Business

Mailing Address

600 NE 36TH STREET
SUITE 317
MIAMI FL 33137
US

600 NE 36TH STREET
SUITE 317
MIAMI FL 33137-3950
US

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 65-0797411

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

BOMSTEIN, BRIAN E

2001 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133

Name

BRIAN E. BOMSTEIN

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

2065 SOUTH BAYSHORE DRIVE

SUITE 301

City

MIAMI

FL

Zip Code

33123

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FRIESNER BOMSTEIN, LAURIE	18940 NW 10TH STREET	PEMBORKE PINES FL 33029						
	VSD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FRIESNER, HERB	600 NE 36TH STREET., #317	MIAMI FL 33137						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Friesner Bomstein

Date

Daytime Phone #

1/14/2000 (305) 573-9566

CR2E034 (9/99)