

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90145 006 ***150.00

DOCUMENT # P97000089554

1. Entity Name

ECONOMIC DEVELOPMENT CONSULTANTS, INC.

916295



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**600 NE 36TH STREET
SUITE 317
MIAMI FL 33137
US**

Mailing Address

**600 NE 36TH STREET
SUITE 317
MIAMI FL 33137
US**

2. Principal Place of Business

7789 N.W. 146 Street

Suite, Apt. #, etc.

3. Mailing Address

7789 N.W. 146 Street

Suite, Apt. #, etc.

City & State

miami Lakes, FL

City & State

miami Lakes, FL

Zip

33016

Country

DADE

Zip

33016

Country

DADE

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
2665 SOUTH BAYSHORE DRIVE
SUITE 301
MIAMI FL 33133**

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FRIESNER BOMSTEIN, LAURIE	
STREET ADDRESS	18940 NW 10TH STREET	
CITY-ST-ZIP	PEMBORKE PINES FL 33029	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	FRIESNER, HERB	
STREET ADDRESS	600 NE 36TH STREET., #317	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **1/10/01** **305-825-5545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)