

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90001 002 \*\*\*150.00

DOCUMENT # H66498

1. Entity Name

BASSCOR, INC.

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR  
SUITE 203  
MIAMI FL 33131  
US

3416 ALHAMBRA CIR  
CORAL GABLES FL 33131  
US

2. Principal Place of Business

3. Mailing Address

501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 202

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563946

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

HESS, THOMAS

501 BRICKELL KEY DR, SUITE 407  
MIAMI FL 33131

Name

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

601 BRICKELL KEY DR.

SUITE 802

City

MIAMI, FL

FL

Zip Code

33131

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

*George R. Bassett* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

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 DP  
NAME BASSETT, GEORGE R  
STREET ADDRESS 3416 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DST  
NAME BASSETT, MELISSA L  
STREET ADDRESS 3416 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

*George R. Bassett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01  
Date

305-374-3408  
Daytime Phone #

CR2E034 (10/00)