

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90653 035 ***150.00

DOCUMENT # H66498

1. Entity Name
BASSCOR, INC.



Principal Place of Business
**501 BRICKELL KEY DR
SUITE 202
MIAMI FL 33131
US**

Mailing Address
**3416 ALHAMBRA CIR
CORAL GABLES FL 33131
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**90 SW 8th ST.
Suite, Apt. #, etc.
Suite 201**

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33130
Country
USA

City & State
MIAMI, FL
Zip
33130
Country
USA

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

**HESS, THOMAS
601 BRICKELL KEY DR
STE. 802
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
BISCHOFF & ASSOC. P.A.
Street Address (P.O. Box Number is Not Acceptable)
280 ARAGON AVE.
City
CORAL GABLES FL Zip Code
33134

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 Matthew Stevens **Matthew Stevens** **03/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASSETT, GEORGE R 3416 ALHAMBRA CIRCLE CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BASSETT, MELISSA L 3416 ALHAMBRA CIRCLE CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: Matthew Stevens **SIGNATURE REQUIRED** **3/14/03** **305 374-3408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02295649 AV

CR2E034 (10/02)