

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005288

1. Entity Name

BESS DEVELOPMENT CORPORATION OF SOUTH FLORIDA, I

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90150 032 \*\*\*\*61.25

Principal Place of Business Mailing Address  
2275 WEST 5TH WAY 2275 WEST 5TH WAY  
HIALEAH FL 33010 HIALEAH FL 33010-2153

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 65-0107450 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

HARVIN, JESSIE JR  
2275 WEST 5TH WAY  
HIALEAH FL 33010

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 \_\_\_\_\_ (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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME HARVIN, JESSIE JR  
STREET ADDRESS 20040 NW 13TH CT  
CITY-ST-ZIP MIAMI FL 33169

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

TITLE D ☐ Delete  
NAME WHITE, SAMUEL  
STREET ADDRESS 18810 NW 48TH CT  
CITY-ST-ZIP MIAMI FL 33055

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

TITLE D ☐ Delete  
NAME JOHNSON, ANNIE R  
STREET ADDRESS 2240 W LASHAE (6TH) CT  
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE D ☐ Delete  
NAME BOWENS, JAMES  
STREET ADDRESS 17940 NW 52ND AVE  
CITY-ST-ZIP MIAMI FL 33055

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

TITLE D ☐ Delete  
NAME BURDGEISS, SHIRLEY  
STREET ADDRESS 565 WEST 24TH ST  
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE D ☐ Delete  
NAME BROWN, HELEN  
STREET ADDRESS 170 ALBATROSS ST  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSIE HARVIN, JAN 21, 2000 (305) 653-9345  
Date Daytime Phone #

CR2E037 (9/99)