

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000055134**

1. Entity Name  
**BESS & BESS, INC.**



Principal Place of Business  
9275 SW 44 STREET  
MIAMI FL 33165

Mailing Address  
9275 SW 44 STREET  
MIAMI FL 33165

2. Principal Place of Business  
**9235 SW 45 ST.**

3. Mailing Address  
**9235 SW 45 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**miami FL**

City & State

**miami FL**

Zip  
**33165**

Zip  
**33165**

Country

4. FEI Number

**65-0684730**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BESS, IVONNE M  
9275 SW 44 STREET  
MIAMI FL 33165**

Name

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

**9235 SW 45 ST.**

City

**miami**

FL

Zip Code

**33165**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*IVONNE BESS, PRES.* 4/25/03

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  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BESS, IVONNE M 9275 SW 44 STREET MIAMI FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9235 SW 45 ST. miami FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BESS, JEFFREY L 9275 SW 44 STREET MIAMI FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9235 SW 45 ST. miami FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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

*IVONNE BESS*

4/25/03

Daytime Phone #

CR2E034 (10/02)

02/8991  
AV