

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 015 ***150.00

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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 S.W. 45 ST.
Suite, Apt. #, etc.

3. Mailing Address

9235 S.W. 45 ST.
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

Zip

33165

Country

4. FEI Number

65-0684730

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9235 S.W. 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 *Ivonne M. BeSS*
Signature, typed or printed name of registered agent and title if applicable.

IVONNE BESS, PRES.

4/25/03

(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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BESS, IVONNE M**
STREET ADDRESS **9275 SW 44 STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VD** ☐ Delete
NAME **BESS, JEFFREY L**
STREET ADDRESS **9275 SW 44 STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9235 SW 45 ST.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **9235 SW 45 ST.**
CITY-ST-ZIP **MIAMI FL 33165**

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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 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 M. BeSS* **IVONNE BESS** **4/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/02)