

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**
"Renewal 2002"
DOCUMENT # **V06320**

1. Entity Name

Bess & Armando Inc.**FILED****02 JAN 22 PM 2:41****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1636 SE 3rd Court

Suite, Apt. #, etc.

N/A

3. Mailing Address

1636 SE 3rd Court

Suite, Apt. #, etc.

N/A

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

4. FEI Number

65-0306445

Applied for

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Alex Poulos

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

325 NW 37th Way

City

Deerfield Beach

FL

Zip Code

33442

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

Alex Poulos

Signature typed or printed name of registered agent and

P/S

if applicable

Alex Poulos

(NOTE: Registered Agent signature required when transferring)

1/2/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P/S
NAME	Alex Poulos
STREET ADDRESS	325 NW 37th Way
CITY - ST - ZIP	Deerfield Beach, FL 33442

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	V/T
NAME	Paul Ferorelli
STREET ADDRESS	8830 NW 80th Drive
CITY - ST - ZIP	Tamarac, FL 33211

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an Attachment with an address, with all other like and empowered.

SIGNATURE:

Paul Ferorelli V/T Paul Ferorelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/2/02

Daytime Phone

954-726-5617

CR2E034B (12/01)