

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90150 046 ***150.00

DOCUMENT # F99000003668

1. Entity Name
BELL MICROPRODUCTS-FUTURE TECH, INC.



Principal Place of Business
7630 NW 25TH STREET
MIAMI FL 33122
US

Mailing Address
1941 RINGWOOD AVENUE
SAN JOSE CA 95131

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 65-0931064

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

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	BELL, W. DONALD	
STREET ADDRESS	1941 RINGWOOD AVENUE	
CITY-ST-ZIP	SAN JOSE CA 95131	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BORJBOOM, BENEDICTUS	
STREET ADDRESS	1941 RINGWOOD AVENUE	
CITY-ST-ZIP	SAN JOSE CA 95131	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEONARDO, LOU	
STREET ADDRESS	7630 NW 25TH ST	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VPCO	<input type="checkbox"/> Delete
NAME	ORTIZ, JUAN	
STREET ADDRESS	7630 NW 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO + EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM ILLSON	
STREET ADDRESS	1941 RINGWOOD AVENUE	
CITY-ST-ZIP	SAN JOSE, CA 95131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2003

(408) 451-11635

Date

Daytime Phone #

CR2E034 (10/02)