FILED

2002 UNIFU	KIVI BUSINESS K	EPUNI (C
OOLINAENIT "		

DOCUMENT # G48803 1. Entity Name

BELL PARTNERS, INC.

Principal Place of Business

5601 NORTH DIXIE HWY., STE 420

FT. LAUDERDALE FL 33334

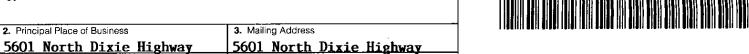
Suite, Apt. #, etc.

Mailing Address

5601 NORTH DIXIE HWY.. STE 420

FT. LAUDERDALE FL 33334

Suite, Apt. #, etc.



Suite 4	20	Suite 420							
City & State Ft. Lauderdale, FL		City & State		4. F	59-2325611	<u> </u>	oplied For		
		Ft. Lauderdale, FL			00 20200 11		ot Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired 💢	\$8.75 Add			
33334	6. Name and Address of Current	3334	<u>USA</u>	7 1	Name and Address of New Registered		<u></u>		
o. Name and Address of Current Registered Agent				Name					
MUDD, JOHN									
5601 NORTH DIXIE HWY., STE 420			Street A	Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33334									
FI. LAUDENDALE PL 30004									
,			City		Fl	Zip Cod	le		
*8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office o	registered ag	ent, or both, in the State of Florida.	-			
· 0 : 17/0 ED040	Than to draw and the state of t		9.0.0.00	, agistorea ag]		
SIGNATURE,	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signat	ure required when re	einstating) DATE				
O This serve	pration is eligible to satisfy its intangible	FILE NOWILL	FEE IS \$150.						
•	requirement and elects to do so.	After May 1, 2002		550 00 10. Election Campaign Financing \$5.00 May Be					
(See criter	ria on back)	Make Check Payable	to Departmen	t of State	Trust Fund Contribution.	→ Addet	lorees		
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11		
TITLE	VPD	☐ Delete	TITLE			🗶 Change	Addition		
NAME	LINCOLN, TIMOTHY	•	NAME						
STREET ADDRESS	11880 S.W. 40TH ST #405		STREET ADDRESS	5601 No	orth Dixie Highway, S	uite 420	0		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	Ft. La	<u>uderdale, FL 33334</u>				
TITLE	πο	☐ Delete	TITLE			🔀 Change	☐ Addition {		
NAME	************************************			5601 North DixieHighway, Suite 420					
STREET ADDRESS	11000 01111 10111 0111 1011			ſ	•	11e 420			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	rt. La	uderdale, FL 33334				
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition		
NAME expect annuege ²	MUDD, JOHN	راء سيبوله والدراهيسيج الهيتندينة العيج	NAME STREET ADDRESS	 ≈5601 ≈N	anthandara an	いきゃっとり	اد		
CITY-ST-ZIP	TIGG C.T. TOTAL CITIZET, WITCH			5601 North Dixie Highway, Suite 420 Ft. Lauderdale, FL 33334					
	S	Dolete	TITLE	rt. La	uderdate, FL 33334	☐ Change	Addition		
TITLE NAME	MIRANDA, ELDA	X	NAME			ondrigo			
STREET ADDRESS	11880 S.W. 10TH STREET, #405	-	STREET ADDRESS			•			
CITY-ST-ZIP	-MIAMI FL		CITY-ST-ZIP						
TITLE	VPD	☐ Delete	TITLE	VPD, S		Change	Addition		
NAME	DIAZ, MAYRA		NAME	DIAŽA,	MAYRA				
•			STREET ADDRESS						
CITY-ST-ZIP	MIAMI-FL 33175		CITY-ST-ZIP	Ft. La	uderdale, FL 33334				
TITLE	AS	Delete .	TITLE			Change	☐ Addition		
NAME	PORTAL, ANA		NAME						
STREET ADDRESS	11880 S.W. 407H ST., #405 MIAMI FL 33175		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	L		- 10 - 10 - 10 - 1			
13. Thereby of	certity that the information supplied with	this tiling does not quality for th	ne exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I further ce	ertity that the is	niormation		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

(954) 202-1998