

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90047 043 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # G48803

1. Entity Name
BELL PARTNERS, INC.

Principal Place of Business

5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE FL 33334
US

Mailing Address

5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE FL 33334
US

2. Principal Place of Business

5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

3. Mailing Address

5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **59-2325611**

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUDD, JOHN
5601 NORTH DIXIE HWY., STE 420
FT. LAUDERDALE FL 33334

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.

SIGNATURE _____ **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINCOLN, TIMOTHY	
STREET ADDRESS	11880 S.W. 40TH ST. #405	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIENER, A.B.	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MUDD, JOHN	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, ELDA	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, MAYRA	
STREET ADDRESS	11880 S.W. 40TH ST., #405	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PORTAL, ANA	
STREET ADDRESS	11880 S.W. 40TH ST., #405	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5601 North Dixie Highway, Suite 420
CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5601 North Dixie Highway, Suite 420
CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5601 North Dixie Highway, Suite 420
CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD, S
STREET ADDRESS	DIAZA, MAYRA
CITY-ST-ZIP	5601 North Dixie Highway, Suite #420
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mayra Diaz **2/13/02** **(954) 202-1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)