


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90291 035 ***158.75

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2325611** 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

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

7. Name and Address of New Registered Agent

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 _____ (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 | VPD | <input type="checkbox"/> Delete |
| NAME | LINCOLN, TIMOTHY | |
| STREET ADDRESS | 5601 NORTH DIXIE HWY STE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | WIENER, A.B. | |
| STREET ADDRESS | 5601 NORTH DIXIE HWY STE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MUDD, JOHN | |
| STREET ADDRESS | 5601 NORTH DIXIE HWY STE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| TITLE | VPDS | <input type="checkbox"/> Delete |
| NAME | DIAZ, MAYRA | |
| STREET ADDRESS | 5601 NORTH DIXIE HWY STE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| 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 type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, MAYRA | |
| STREET ADDRESS | 5601 NORTH DIXIE HWY STE 420 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33334 | |
| 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** **John Mudd** **2/3/03** **(954) 202-1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)