

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2325611**

Applied For
Not Applicable

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. 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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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		
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)