

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90707 015 ***150.00

DOCUMENT # P00000065649

1. Entity Name
BELL PARR COMPUTER, INC.

Principal Place of Business

531 RACKET CLUB RD., #41
WESTON FL 33326

Mailing Address

531 RACKET CLUB RD., #41
WESTON FL 33326

2. Principal Place of Business

8045 NW 36 ST #534

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#534

City & State
MIAMI, FLORIDA

City & State

4. FEI Number

65-1026113

Applied For

Not Applicable

Zip
33166

Country
USA

Zip

Country

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

BORTOLIN, SONIA ESQ.

7101 W. MCNAB RD., SUITE 200

TAMARAC FL 33321

Name
SONIA BORTOLIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

824 S. ANDREWS AVE, STE 101 N

City
FT. LAUDERDALE

FL

Zip Code
33301

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BELLO, ALEJANDRO J
531 RACKET CLUB RD., #41
WESTON FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
PARR DE BELLO, ANNE M
531 RACKET CLUB RD., #41
WESTON FL 33326

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)