

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90153 018 \*\*\*158.75

**DOCUMENT # P02000016005**

1. Entity Name  
**FORDOM TRADE SOCIETY, INC.**



Principal Place of Business  
**13105 IXORA CT #214  
N MIAMI FL 33181-2320**

Mailing Address  
**13105 IXORA CT #214  
N MIAMI FL 33181-2320**



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

**EIN 54-207995-9**

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**

**BELL, BOB  
13105 IXORA CT #214  
N MIAMI FL 33181-2320**

**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 **ROBERT D. BELL, EXEC. DIR.**  
Signature, typed or printed name of registered agent and title if applicable.

*Robert D. Bell, Exec. Dir. 1-6-03*  
(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	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, BOB</b>	
STREET ADDRESS	<b>13105 IXORA CT #214</b>	
CITY-ST-ZIP	<b>N MIAMI FL 33181-2320</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, BOB</b>	
STREET ADDRESS	<b>13105 IXORA CT #214</b>	
CITY-ST-ZIP	<b>N MIAMI FL 33181-2320</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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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: *Robert D. Bell, Exec. Dir. 1-6-03 305-895-4718*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment # 70002084  
P02000016005

TAX YEAR  
MONTH

→ 01 JANUARY

EMPLOYER IDENTIFICATION NUMBER →

BANK NAME/  
DATE STAMP

54 2079959

Name BOB BELC

Address 13105 IXORA CT. #214

City NORTH MIAMI

State FL ZIP 33181-2320

Telephone number ( )

941

945

1st  
Quarter

990-  
C

1120

2nd  
Quarter

943

990-T

3rd  
Quarter

720

990-  
PF

4th  
Quarter

CT-1

1042

940

35

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon

Form 8109-B (Rev. 12-2000)