

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90354 039 \*\*\*150.00

00089361

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT #		P01000110643	
1. Entity Name			
THE BUSINESS STRATEGY PARTNERS, INC.			
Principal Place of Business		Mailing Address	
1974 MADEIRA DR WESTON FL 33327		1830 HARBOR VIEW CIRCLE WESTON FL 33327	
2. Principal Place of Business		3. Mailing Address	
1560 SAWGRASS CORP. PKWY. Suite, Apt. #, etc. 4TH FLOOR		1560 SAWGRASS CORP. PKWY Suite, Apt. #, etc. 4TH FLOOR	
City & State BUNRISE, FLORIDA		City & State SUNRISE, FLORIDA	
Zip 33323	Country USA	Zip 33323	Country USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
MATOUK, MARCO A 1830 HARBOR VIEW CIRCLE WESTON FL 33327	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 \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P MATOUK, MARCO A</b> <b>1830 HARBOR VIEW CIRCLE</b> <b>WESTON FL 33327</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

**SIGNATURE:** *Maung N. Hlaing* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)