FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91013 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046509

DOCUMENT # P02000034340

1. Entity Name
BUSINESS SYSTEMS INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1782 BANYAN CREEK CIR N BOYNTON BEACH, FL 33436	1782 BANYAN CREEK CIR N BOYNTON BEACH, FL 33436

2. Principal Place of Business	3. Mailing Address
3200 N. Ocean Blvd.	3200 N. Ocean Blvd.
Suite, Apt. #, etc. 1607	Suite, Apt. #, etc. 1607
City & State Ft. Lauderdale Fla.	City & State Ft. Lauderdale Fla.
Zip 33308 Country USA	Zip 33308 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0479276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, GARY
1782 BANYAN CREEK CIR N
BOYNTON BEACH, FL 33436

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROWN, GARY 1782 BANYAN CREEK CIR N BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, GARY 1782 BANYAN CREEK CIR N BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] Gary Brown 3/18/03 954 563 6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #