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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 96000093089
 1. Entity Name **PARTNERS, MEDTEXX PARS INC**

Principal Place of Business Mailing Address
 51 Locust Avenue
 Suite 203, New Canaan CT 06840

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

FILED
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **John F. Mariani, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
 1400 Centrepark Blvd., Suite 1000
 City **West Palm Beach** FL Zip Code **33401**

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 *John Mariani* DATE **8/9/01**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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	MARK D RUSTAD <input type="checkbox"/> Delete 51 Locust Ave Suite 203 New Canaan CT 06840	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Title: CEO, President and Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALIK PARVEZ AHMAD <input type="checkbox"/> Delete 51 Locust Avenue Suite 303 New Canaan CT 06840	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Title: Treasurer and Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee, S. P. <input type="checkbox"/> Delete P.O. Box 9 34600 Kamunting Malaysia	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Title: Director
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
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
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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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(ii), 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 807, 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]* 7/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)