

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 032 ***158.75

DOCUMENT # P96000043989

1. Entity Name
MEDTEXX PARTNERS, INC.

Principal Place of Business
**51 LOCUST AVENUE, SUITE 303
 NEW CANAAN CT 06840**

Mailing Address
**51 LOCUST AVENUE, SUITE 303
 NEW CANAAN CT 06840**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
216 CHARLES ST
 Suite, Apt. #, etc.

3. Mailing Address
216 CHARLES ST
 Suite, Apt. #, etc.

City & State
HACKENSACK NJ

City & State
HACKENSACK NJ

4. FEI Number
65-0673509

Applied For
 Not Applicable

Zip
07601 Country
USA

Zip
07601 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIANI, JOHN F ESQ.
 1400 CENTREPARK BLVD.
 SUITE 1000
 WEST PALM BEACH FL 33401**

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RUSTAD, MARK D 51 LOCUST AVENUE, SUITE 303 NEW CANAAN CT 06840 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSTAD, MARK D 51 LOCUST AVENUE, SUITE 303 NEW CANAAN CT 06840 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARVEZ AHMAD, MALIK 51 LOCUST AVENUE, SUITE 303 NEW CANAAN CT 06840 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, S.P. P.O. BOX 9 34600 KAMUNTINE MALAYSIA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAW, CHEING KIAT P.O. BOX 9 34600 KAMUNTING MALAYSIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAW, SIAU WOEI 216 CHARLES ST HACKENSACK NJ 07601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TEE, KOK SENG P.O. BOX 9 34600 KAMUNTING MALAYSIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GAN, CHONG SHYAN P.O. BOX 9 34600 KAMUNTING MALAYSIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED SIAU WOEI LAW 7/5/02 201-488-8086**

CR2E034 (4/02)

MEDTEXX

Medtexx Partners, Inc.

Attachment
Doc. # P96000043989
B0128189

DATE: July 5, 2002
Florida Department of State
Katherine Harris
Secretary of State

SUBJECT: Filing of Uniform Business Report (UBR)

To Whom It May Concern;

Due to change of address since January 2nd, 2002, we did not receive the UBR form from Florida Department of State. We just received the latest copy of UBR on July 5th, 2002 in our new address in New Jersey. We would appreciate if you could waive the late fee due to the delay of change of address. Attached we provided a payment of \$150.00 plus \$8.75 Certificate request fee.

Please feel free to contact us if you have any further question regarding this issue. Thank you very much.

Yours truly,


Terry Law Siau Woei

President

(201)488-8086 x120