

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003425

1. Entity Name

BIO-MAGNETIC THERAPY SYSTEMS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90076 024 \*\*\*150.00

Principal Place of Business

ONE SOUTH OCEAN BLVD  
SUITE #204  
BOCA RATON FL 33432  
US

Mailing Address

ONE SOUTH OCEAN BLVD  
SUITE #204  
BOCA RATON FL 33432-5143  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1329778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALMEIDA, ARTHUR  
105 EAST PALMETTO PARK RD.  
BOCA RATON FL 33432

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
CD	MARKOLL, RICHARD	17791 SAXONY COURT	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	BINDER-MARKULL, ERNESTINE J	17791 SAXORY	BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HELLER, EUGENE	117 TURTLE COVE LANE	HUNTINGTON NY 11743	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	OKUN, SERGE	P.O. BOX 176	CH-6300 CH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
EVP	TRAMUTA, JOSEPH	ONE SOUTH OCEAN BLVD STE 208	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Joseph Tramuta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2000 561-394-9994  
Date Daytime Phone #

CR2E034 (9/99)