

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90008 024 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000092257*
1. Entity Name
BZ S INC.

Principal Place of Business *6699 N. Federal Highway*
Mailing Address *BOCA RATON, FL. 33487* } *SAME*

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip **Country** *Palm Beach*

4. FEI Number *65-0956326* **Applied For**
☒ **Not Applicable**

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

5. Name and Address of Current Registered Agent
DR. Michael Morreale
6699 N. Federal Highway
BOCA RATON FL 33487

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.

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. ☐
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 <i>D/P</i> <i>DR. Michael Morreale</i> <i>6699 N. Federal Highway</i> <i>BOCA RATON, FL. 33487</i>	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 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.

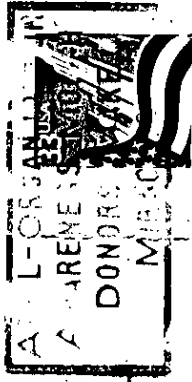
SIGNATURE: *x Michael Morreale PC* *04-28-00* *561-391-4600*

CR2E034 (9/99)

149000092251

AOO6 7842

Alternatives To Medicine
Center For Natural Healthcare
Federal Highway • Boca Raton, Florida 33487



RETURNED FOR
BETTER ADDRESS

West. of State
Uniform Business Report
Division of Corporations 150
P.O. Box 150
Tallahassee, FL 32302-1500