

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 24, 2000 8:00 am**
Secretary of State

03-24-2000 90085 034 ***150.00

DOCUMENT # P99000103177

1. Entity Name

BZT, INC.

Principal Place of Business

**8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

Mailing Address

**8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

108 Cambridge Crescent

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Richmond Hill, Ontario

Zip

Country

L4C 6C3**Canada**

4. FEI Number

☒

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

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.
(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	METTEL, BRUNO	108 CAMBRIDGE CRESCENT	RICHMOND HILL, ONTARIO CANAD L4C -6C3	<input type="checkbox"/>
D	BENZI, Z	8640 SEMINOLE BOULEVARD	SEMINOLE FL 33772	<input type="checkbox"/>
D	VANDERKOLFF, ANTHONY	4629 KINGSTON ROAD	WEST HILL, ONTARIO, CANADA MIE -2P7	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO METTEL

Date

FEB 24 / 2000

Daytime Phone #

905-881-8610

CR2E034 (9/99)