2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

8640 SEMINOLE BOULEVARD

P99000103177

Mailing Address

108 CAMBRIDGE CRESCENT

1. Entity Name BZT. INC.



FILED Jan 22, 2003 8:00 am Secretary of State

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SEMINOLE FL 33772			RICHMOND HILL. ONTARIO E4C- 6C3											
2. Principal Place of Business			3. Mailin	3. Mailing Address				111		I IRANI da na da i	III ue ibi ifuli			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	te		City & State					5G-362531M					pplied For ot Applicable	
Zip		Zip	Zip Count				5. Certificate of Status Desired See Required Fee Required					fitional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
HOFSTRA, PETER T 8640 SEMINOLE BOULEVARD						Name Street Address (P.O. Box Number is Not Acceptable)								
SEMINOLE FL 33772						City					FL	Zip Code	e i	
the obligat	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.	Signature, typed	or printed name of registered agent a	nd title if applica	ible. (NOTE:	Registered	Agent signati	re required wh	hen reinstating	١		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Contribution	n. [Added	0 May Be to Fees	
10.		OFFICERS AND I	DIRECTORS	RECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIREC				D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	METTEL, BRUNO 108 CAMBRIDGE CRESCENT			☐ Delete		: et address st-zip						☐ Change	Addition Addition	
TITLE NAME Street address City-St-Zip	D BENZIK, Z			☐ Delete		ET ADDRESS ST-ZIP	D BENCZIK, 3 HOUNDS MARKHAM		ZOLTI BBROO	on of	ESLEI 3PT	Change	☐ Addition	
NAME VANDERKOLFF, ANTHONY STREET ADDRESS 4629 KINGSTON ROAD								,		·	- '	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠			☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADORESS ST-ZIP						☐ Change	☐ Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	-					Change	Addition	

increase 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: