

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90077 012 ***150.00

0337033 DV

DOCUMENT # S56202 1. Entity Name B M ASSOCIATES, INC.		Mar 13, 2002 8:00 am Secretary of State 03-13-2002 90077 012 ***150.00	
Principal Place of Business 16658 GREEN'S EDGE CIRCLE 95 WESTON FL 33326		Mailing Address 16658 GREEN'S EDGE CIRCLE 95 WESTON FL 33326	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 65-0269594 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN AALTEN, MARGO 16658 GREEN'S EDGE CIRCLE APT. 95 WESTON FL 33326		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN AALTEN, MARGO	NAME	
STREET ADDRESS	16658 GREENS EDGE CIRCLE#95	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALONY, KEN	NAME	
STREET ADDRESS	8 GABLES BLVD	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Margo Van Aalten</i> VICE-PRESIDENT X 2/26/2002 84-389-5741			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			