


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2003 90042 033 ***150.00

DOCUMENT # *P02000107197*

1. Entity Name
NU U FITNESS INC.



DO NOT WRITE IN THIS SPACE

90100467

2. Principal Place of Business
1257 NW 170TH TERRACE

3. Mailing Address
123 N CONGRESS AVE #302

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

City & State
BOYNTON BEACH, FL

4. FEI Number Applied For
Not Applicable

Zip 33028 Country USA Zip 33426 Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARK DENARO

Street Address (P.O. Box Number is Not Acceptable)
1257 NW 170TH TERRACE

City PEMBROKE PINES FL Zip Code 33028

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 *Mark Denaro*

1-29-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK DENARO 1257 NW 170TH TERRACE PEMBROKE PINES, FL 33028 <i>P.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD TIRICO 2630 SE 5TH CIR #68A BOYNTON BEACH, FL 33435 <i>VP</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Tirico*

1-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)