

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90029 034 \*\*\*150.00

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**DOCUMENT # V72209**

1. Entity Name  
**B & M HEALTH AND FITNESS, INC.**

Principal Place of Business <b>979 E COMMERCIAL BLVD          FT LAUDERDALE FL 33334          US</b>	Mailing Address <b>979 E COMMERCIAL BLVD          FT LAUDERDALE FL 33334          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0363281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**CALANDRINO, MARIA  
 3470 W. HILLSBORO BLVD.  
 SUITE 207  
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2002 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CALANDRINO, BEN</b>	
STREET ADDRESS	<b>3470 W HILLSGORO BLVD #207</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CALANDRINO, MARIA</b>	
STREET ADDRESS	<b>3470 W. HILLSBORO BLVD. #207</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Maria Calandrino* **MARIA CALANDRINO, PRES.**  **3/31/02** **954-493-7778**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/01)