


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-25-2003 90122 031 ****61.25

DOCUMENT # N01000002466

1. Entity Name
YOGA MEDITATION AND CULTURAL CENTER OF ORLANDO, INC.



Principal Place of Business
**14754 BURNTWOOD CIR.
ORLANDO FL 32826**

Mailing Address
**14754 BURNTWOOD CIR.
ORLANDO FL 32826**

55045830



2. Principal Place of Business
**460 O Berry hwy rd
Suite, Apt. #, etc.
ORLANDO FL**

3. Mailing Address
**460 O Berry hwy rd
Suite, Apt. #, etc.
ORL FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3707997

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PATEL, PRABODH C
815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS FL 32701**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	LAKRAJ, MOHINI	<input type="checkbox"/> Delete
NAME	14754 BURNTWOOD CIR.	
STREET ADDRESS	ORLANDO FL 32826	
CITY-ST-ZIP		
TITLE	LAKRAS, AMARNAUTH	<input type="checkbox"/> Delete
NAME	14754 BURNTWOOD CIR.	
STREET ADDRESS	ORLANDO FL 32826	
CITY-ST-ZIP		
TITLE	SHARMA, SOHANTIE	<input type="checkbox"/> Delete
NAME	6640 SW 26 CT	
STREET ADDRESS	MIRAMAR FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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: SIGNATURE REQUIRED **4-22-2003** **407-282-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)