

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90104 042 *****70.00

0034103

DOCUMENT # F93000001152

1. Entity Name

KRIYA YOGA INSTITUTE, INC.

Principal Place of Business

Mailing Address

**24757 S.W. 167TH AVE.
HOMESTEAD FL 33031-1364**

**24757 S.W. 167TH AVE.
HOMESTEAD FL 33031-1364**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KAREN
24757 SW 167TH AVE.
HOMESTEAD FL 33031-1364**

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

Karen Johnson, Secretary

3/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
GIRI, HARIHARANANDA SWAMI
24757 SW 167TH AVENUE
HOMESTEAD FL 33031-1364** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GIRI, PRAJNANANANDA SWAMI
24757 SW 167TH AVENUE
HOMESTEAD FL 33031-1364** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIRI, VIDYAHISHANAND A
24757 SW 167TH AVENUE
HOMESTEAD FL 33031-1364** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIRI, SARVESHWARANAN
24757 SW 167TH AVENUE
HOMESTEAD FL 33031-1364** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOHNSON, KAREN
36131 VIA NAPOLI
DEERFIELD BEACH FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3131 Via Napoli ☒ Change ☐ Addition
Correction

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

KAREN JOHNSON
SIXTH FLOOR JOHNSON

3/26/01

305/247-1960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)