LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 12, 2003 8:00 am
Secretary of State
04-21-2003 90408 010 ****50.00

DOCUMENT # L02000032370

1. Entity Name

OM SHANTI YOGA, LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

44001379

2. Principal Place of Business	3. Mailing Address
3527 NE 2nd Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33137 Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1859717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Joaquin Umaña

Street Address (P.O. Box Number is Not Acceptable): 10635 NE 11th ave.

City: Miami, Fl **FL** Zip Code: 33138

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gabriela Victoria - Managing Member 10635 NE 11th ave Miami, Fl 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rodrigo Pizq - Principal 10458 NE 1st ave. Miami, Fl 33138
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/19/03 305-438-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #