2003 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI FL 33185

FILED Jan 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N93000001380 1. Entity Name 01-29-2003 90315 034 ****61.25 UNIVERSAL TEMPLE OF MYSTIC INITIATED YOGANANDA. Principal Place of Business Mailing Address 4315 N.W. 7TH ST. 4315 N.W. 7TH ST. COLFIUUT SUITE 34 SUITE 451 MIAMI FL 33126 *MIAMI"FL" 33126 US ĸŪS⊃ 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0398363 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YONG, JUAN Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH ST **STE 34 MIAMI FL 33126** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ★ Change Addition YONG, JUAN 4315 NW 7 STREET SUITE 34 YONG, JUAN NAME NAME 4315 NW 7TH STREET SUITE 45 STREET ADDRESS STREET ADDRESS MIRMI FL 33126 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TBD TITLE ☐ Delete TITLE Change ☐ Addition MARTIN, ZUDNNE M MARTIN, IVONNE M NAME 601-SW 34 AVE-#501 STREET ADDRESS 1306 CASTILE AVE **STREET ADDRESS** CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP MBHI FL 33135 Delete TITLE ☐ Change Addition **ZUCATTO, FABIO** NAME NAME 7761 SW 102 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP **VPBD** TITLE ☐ Delete TITLE ☐ Addition CASANAS, GABRIELA RSANAS, GREAIELA NAME NAME STREET ADDRESS 5210 SW 149TH PLACE STREET ADDRESS 5131 3W 46 TERR 41841 FL 33185

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

HOLZ, ELIZABETH

10295 COLLINS AUT #323

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

☐ Change

☐ Change

Addition

☐ Addition