2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90034 007 ***150.00

DOCUMENT # P00000036080

1. Entity Name

CLUB YOGA U.S.A.

Principal Place of Business
6100 FALLS CIR DR S. #114
LAUDERHILL, FL 33319

Mailing Address
SAME

D0056244

2. Principal Place of Business	3. Mailing Address
6100 FALLS CIR DR S.	6100 FALLS CIR DR S.
Suite, Apt. #, etc. 114	Suite, Apt. #, etc. 114
City & State LAUDERHILL, FL	City & State LAUDERHILL, FL
Zip 33319 Country USA	Zip 33319 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650998219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATTY PETER A KRAUSE
7770 W. OAKLAND PK BLVD #470
FT LAUDERDALE, FL 33351

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (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) ☐

FILING FEE IS $150.00
AFTER MAY 1, 2001 FEE WILL BE $400.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MATTHEW GOLDSTEIN 6100 FALLS CIR DR S. #114 LAUDERHILL, FL 33319	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MATTHEW GOLDSTEIN 6100 FALLS CIR DR S. #114 LAUDERHILL, FL 33319	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MATTHEW GOLDSTEIN 6100 FALLS CIR DR S. #114 LAUDERHILL, FL 33319	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #