

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90109 026 \*\*\*150.00

0041259 AV

**DOCUMENT # P00000050996**

1. Entity Name  
**YOGA GROVE, INC.**



Principal Place of Business  
**3111 GRAND AVENUE  
MIAMI FL 33133**

Mailing Address  
**3111 GRAND AVENUE  
MIAMI FL 33133**

2. Principal Place of Business  
**3100 S. Dixie Hwy  
Suite, Apt. #, etc.  
401**

3. Mailing Address  
**3100 S. Dixie Hwy  
Suite, Apt. #, etc.  
401**

City & State  
**Miami, FL  
Zip 33133**

Country

City & State  
**Miami, FL 33  
Zip 33133**

Country

4. FEI Number **65-1013829**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**VALDES-FAULI CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER SUITE 3400  
W SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D GALLARDO, MARISSA</b>	<b>2999 RUTH ST.</b>	<b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/03**  
Date

Daytime Phone #

CR2E034 (4/03)

attachment

**Yoga Grove, Inc.**  
3100 South Dixie Hwy Suite 401—Miami, Fl 33133  
(305) 448-3332

September 3, 2003

80144875  
#P00000050996

Florida Department of State  
Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Subject: Yoga Grove, Inc.  
Document No.: **P00000050996**

Dear Sir or Madam:

We have been calling the department since the end of March, requesting the 2003 UBR. Nevertheless, we just recently received it. Probably did not update our new address we called reporting it back in December 2002.

Due to the above-mentioned inconvenience, we did not send the payment before; we are soliciting you to please waive the assigned late fees. Please accept our payment of \$150.00, which we are sending today. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at 305-448-3332. We will be waiting for your prompt and positive response.

Cordially,

  
Marissa Gallardo  
President