FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077935

1. Entity Name

CENTER FOR YOGA SHAKTI INC



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90158 001 ***150.00

	DO NOT WRITE	10075700						
2. Principal Place of Business 3. Mailing Address 1437 SALE HARBOR CIRCLE 1437 SALE HARBOR CIRCLE								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For			
TARPON SPRINGS FL		TARPON SPRINGS FL			59-3663180		Not Applicable	
Zip 34689	Country	Zip Country 34689			5. Certificate of Status Desired . \$8.75 Additional Fee Required			
a la composito de la composito	the water water and the same water	en e			7. Name and Address of Cu	rrent Registered Agen	ıt	
			Name N.T.V	Name NIVARGIKAR, ANITA				
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1437 SALE HARBOR CIRCLE				
City TARPON SPRINGS FL 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 Anita Amaghal 7/15/03								
Signature, typed or printed name of registered agent and table it applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)								
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 9. Election Campa						ın Financing	\$5.00 May Be	
Maka Chaab	Amended UBR is \$61.25 Payable to Florida Department of St				Trust Fund Contril		Added to Fees	
10.	OFFICERS AND DI	Statistical Bigs		AL POLICE		Carried States		
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NAME	NIVARGIKAR, ANITA	-	NAME		The state of the s			
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12. I hereby o	pertify that the information supplied with this	s filing does not qualify for t	he exemption st	ated in Sec	ction 119.07(3)(i), Florida Statu	ites. I further certify tha	t the information	

12. Thereby certify that the information supplied with this fliing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLA MANUEL NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Daytime Phone #