FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTO

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P00000104908 1. Entity Name GAJA YOGA OF THE PALM BEACHES, INC. 4-09-2001 90047 018 \*\*\*150.00 Principal Place of Business Mailing Address 119 OCEAN DUNES CIRCLE 119 OCEAN DUNES CIRCLE JUPITER FL 33477 LUU430X3 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 4050 s, us Hw 137 Raddiffe Ct. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #318 4. FEI Number Applied For City & State City & State lupiter lupiter 65, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Αڪڷ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Zukerman Janas ZUKERMAN, JANAY Street Address (P.O. Box Number is Not Acceptable) 119 OCEAN DUNES CIRCLE JUPITER FL 33477 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 as FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Ø ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE OP TITLE Zukerman, Janay ZUKERMAN, JANAY NAME NAME 137 Radcliffe Ch 119 OCEAN DUNES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter, FL 33458 CITY-ST-ZIP JUPITER FL 33477 Delete ☐ Addition TITLE D٧ TITLE ZUKERMAN, GARY NAME NAME Zukerman, Gary STREET ADDRESS 119 OCEAN DUNES CIRCLE 137 Raddiffe ct. STREET ADDRESS CITY-ST-7IP Jupiter, FL 33458 CITY-ST-ZIP JUPITER FL 33477 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PRESIDENT