

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90008 036 ***158.75

DOCUMENT # P00000117158

1. Entity Name

GOLDIN YOGA INSTITUTE OF MIAMI, INC.

Principal Place of Business

220 ALHAMBRA CIRCLE SUITE 810
 CORAL GABLES FL 33134

Mailing Address

220 ALHAMBRA CIRCLE SUITE 810
 CORAL GABLES FL 33134

00022615

2. Principal Place of Business

9350 SO. DADELAND BLVD
 Suite, Apt. #, etc.
 #207

3. Mailing Address

6551 S.W. 76 ST.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

SOUTH MIAMI, FL.

4. FEI Number

65-1066696

Applied For

Not Applicable

Zip

33156

Country

Zip

33143

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E ESQ
 220 ALHAMBRA CIRCLE SUITE 810
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name BARBARA GOLDIN

Street Address (P.O. Box Number is Not Acceptable)
 6551 S.W. 76 ST.

City SOUTH MIAMI

FL

Zip Code 33143

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 BARBARA GOLDIN

Signature, typed or printed name of registered agent and title if applicable.

Barbara Goldin

(NOTE: Registered Agent signature required when reinstating)

3/5/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE D
 NAME LEHRMAN, JEFFREY E
 STREET ADDRESS 220 ALHAMBRA CIRCLE SUITE 810
 CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BARBARA GOLDIN ☒ Change ☐ Addition
 STREET ADDRESS 6551 S.W. 76 ST
 CITY-ST-ZIP SO. MIAMI, FL. 33143

TITLE D
 NAME KEITH GOLDIN ☐ Change ☒ Addition
 STREET ADDRESS 10063 S.W. 77 CT
 CITY-ST-ZIP MIAMI, FL. 33156

TITLE
 NAME KANDY LOVE ☐ Change ☒ Addition
 STREET ADDRESS 15951 MCBREGOR BLVD.
 CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE
 NAME TIMOTHY DOWNEY ☐ Change ☒ Addition
 STREET ADDRESS 6551 S.W. 76 ST.
 CITY-ST-ZIP SO. MIAMI, FL. 33143

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: BARBARA GOLDIN, PD. Barbara Goldin 3/5/01 305-6619555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)