

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

FILED

DOCUMENT # **P01000052504** ✓  
1. Entity Name  
**Bikram Yoga of Miami Inc**

03 MAY -5 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20695 Biscayne Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1020 SE 13 Ter**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI BEACH FL**

City & State  
**FT LAUD. FL**

4. FEI Number  
**641124643**

Applied For  
 Not Applicable

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

Zip  
**33180** Country  
**US**

Zip  
**33316** Country  
**US**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Jerome Schechter**

Street Address (P.O. Box Number is Not Acceptable)  
**388 S Andrews Ave Smt 201A**

City  
**FT LAUD** FL Zip Code  
**33316**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres maritza Detz 1020 SE 13 Ter ft laud fl 33316</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800018834228 05/13/03--01044--002 **150.00</b>
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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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with authority to be empowered.

SIGNATURE: \_\_\_\_\_ Pres 4/26/03  
(Signature and typed or printed name of signing officer or director)

CR2E034B (12/01)

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