FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90073 037 ***150.00

DOCUMENT # P02000109196

1. Entity Name
Everyday Yoga, Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
20695 Biscayne Blvd	1020 SE 13 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura	City & State: Ft Lauderdale FL
Zip: 33180 Country:	Zip: 33316 Country:

4. FEI Number: 06 / 6 54784 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jerome Scheeter

Street Address (P.O. Box Number is Not Acceptable): 333 S Andrews Ave

City: Ft Lauderdale 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 where indicated)

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

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	President Maritza Detz 1020 SE 13 Ter Ft Lauderdale FL 33316	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maritza Pres 4/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E074S (12/01)