

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079553

1. Entity Name

SPIRITUAL HUMAN YOGA OF SOUTH FLORIDA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90069 030 ***150.00

Principal Place of Business

225 NE 21 AVE
BOYNTON BEACH FL 33435
US

Mailing Address

225 NE 21 AVE
BOYNTON BEACH FL 33435-2394
US

2. Principal Place of Business

12402 N 83 RD LN

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FLA

Zip

33412

Country

U.S.A

3. Mailing Address

12402 N 83 RD LN

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FLA

Zip

33412

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0662470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DIEP, XUAN
7375 TEXAS TRAIL
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PD
NAME VAN DIEP, XUAN
STREET ADDRESS 7375 TEXAS TRAIL
CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME QUANG HOAN TRAN
STREET ADDRESS 12402 N 83RD LN
CITY-ST-ZIP WEST PALM BEACH FL 33412

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00

Date

(561) 333-2173

Daytime Phone #